

BOROUGH OF MUNHALL
WILLIAM W. KNIGHT
MEMORIAL PARK
WEST FIELD
USE REQUEST/PERMIT

Fees: \$ _____ /hr. Munhall Resident Team; or \$ _____ /hr. Other Team; or
Sponsored Activity: \$ _____ /hr.; + \$ _____ Security Deposit: Total paid:
\$ _____, Check # _____ on _____. A Security Deposit will be
refunded at the end of the season/event if field/space is left in good condition
and no damage done; daily maintenance log will be available for inspection.
Check payable to Munhall Borough, and, submit to its Administration Office.

NAME OF TEAM (required) _____

NAME OF LEAGUE: _____

PERSON RESPONSIBLE FOR PERMIT: _____

WHERE PERMIT TO BE MAILED: _____

HOME # & EMAIL OF PERSON RESPONSIBLE: _____

FACILITY PREFERENCE: BIG DIAMOND; LITTLE DIAMOND _____;

ATHLETIC FIELD: _____ BASKETBALL _____; CONCESSION _____

DAY OF WEEK PREFERENCE: 1st CHOICE _____; 2nd CHOICE _____; 3rd CHOICE _____

TIME OF DAY PREFERENCE: 1st CHOICE _____; 2nd CHOICE _____; 3rd CHOICE _____

Roster - Include name and street address.- use back of page if additional space needed .

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

"The applicant, on its own behalf and on behalf of the league and each participant using West Field, acknowledges that a risk of personal injury exists with athletic events and the applicant and the participants willingly assume the risk of all such activity and agree to indemnify and hold harmless Munhall Borough from any and all such claims. League Liability Insurance Certificate stating Munhall Borough as additional insured is required before any West Field Use Permit will be issued."

Name of Applicant: _____

on behalf of

Name of League: _____

Date: _____

NO ALCOHOLIC BEVERAGES OR TOBACCO PRODUCTS ARE PERMITTED IN FIELD AREAS
• RETURN COMPLETED FORM TO MUNHALL BOROUGH, ADMINISTRATION OFFICE,
1900 WEST STREET, MUNHALL, PA 15120