



## Trinity Baptist Church

8899 Trinity Road  
Cordova, TN 38018  
Phone: 901-759-5955  
Fax: 901-759-9903

# Trinity Recreation Soccer Field Request

Today's Date: \_\_\_\_\_

All requests must be approved by staff. Requests will be presented during regularly scheduled staff meetings. You will be contacted as soon as your request has been approved or disapproved.

**Your Event:** \_\_\_\_\_

**Name of Team:** \_\_\_\_\_

**Additional Description:**

\_\_\_\_\_

\_\_\_\_\_

**Date (s) of Event:**

\_\_\_\_\_

**Request for: Soccer Field**

**Event Starting Time:** \_\_\_\_\_

**A deposit will be required at the time the request is turned in. See rates**

**Event Ending Time:** \_\_\_\_\_

**Soccer field \$ rates:**

1. 1 – 1 ½ hours - \$50

2. 2 – 2 ½ hours - \$80

**add \$30 if 2 teams will be practicing  
or playing a practice game (no referees)**

**Adult responsible for event:**  
**(must be present for entire event)**

**Amount of check: \$** \_\_\_\_\_

**Name:** \_\_\_\_\_

Make check payable to:

Trinity Baptist Church

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

After the use of the Soccer field, the facility is to be left in **GOOD CONDITION** for use immediately following the event. "Good condition" is left up to the discretion of the staff.

**Contact Number:**

\_\_\_\_\_

# Facility Agreement

I have read the procedures and notations stated in this agreement and agree to comply with them. I understand that, as the signer of this agreement, I am responsible for this event and the care of the facilities. **I will remain present the entire time of the event and will be available through the event contact number stated above.** I agree a thorough check and cleanup will be made of the baseball field before departing to ensure the facility is cleaned, all garbage is removed from the site, no damage has occurred, and is ready for immediate use following the event. Field will be left as it was found (bleachers, trash cans, etc...).

INITIAL \_\_\_\_\_

**RESERVATION SIGNATURE:**

\_\_\_\_\_ Date: \_\_\_\_\_

Cell: \_\_\_\_\_

**RESERVATIONS MUST BE MADE AT LEAST TWO (2) WEEKS IN ADVANCE TO COORDINATE FACILITY MANAGEMENT. LESS THAN TWO WEEKS WILL BE FIRST COME, FIRST SERVE. RESTROOMS WILL BE OPEN. ALL RESERVATIONS MUST INCLUDE THE FOLLOWING:**

- 1.) A COMPLETED SOCCER FIELD REQUEST FORM**
- 2.) A SIGNED FACILITY AGREEMENT**
- 3.) A CHECK MADE OUT TO TRINTIY BAPTIST CHURCH**
- \*\*4.) A CERTIFICATE OF INSURANCE PROVIDED BY COACH FOR YOUR TEAM**

*\*The staff of Trinity Baptist Church would like to thank you for taking the time and effort to help us be good stewards of God's facilities so that many people can find fellowship with us.*

Event approved by staff <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
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