

ATHLETIC FIELDS FACILITY REQUEST FORM

Name of Group (as listed on contract): _____

Group Contact: _____ ON-SITE Contact: _____

Address: _____

Contact Phone: _____ Alternate Phone: _____

Contact Email: _____

Dates of Training: _____

of Athletes: _____ # of Support Staff/Coaches: _____

Activities (Practice, Game, Tournament, etc): _____

Note: A Certificate of Liability Insurance naming South Lake Hospital as an additional insured must be submitted with this application. Minimum amount required, \$1,000,000. Facility will not be available for use if certificate is not submitted and payment is not collected prior to initial use. A non refundable deposit that's 50% of total will be due at time of reservation, and remaining balances will need to be paid in full before use of facility. Cancellation / Alteration of Reservation Policy: The NTC requires a written notice of cancellation or alteration in request no less than 5 business days prior to reservation to avoid further fees.

Include all warm-up and set-up time in request. Fields will not be available until requested time.

Field(s)	Dates(s)	Time(s)	Lights: <input type="checkbox"/>	Extra Goals: <input type="checkbox"/>	# of goals if needed _____
1. <input type="checkbox"/>	_____	_____	Field Lining: <input type="checkbox"/>	Please explain dimensions: _____	
2. <input type="checkbox"/>	_____	_____	Game/Tournament/Camp ONLY Requests:		
3. <input type="checkbox"/>	_____	_____	Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Benches: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. <input type="checkbox"/>	_____	_____	Tents: <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury Ice: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. <input type="checkbox"/>	_____	_____	Game Start time(s) : _____		

Please note: warming up in the parking lot is prohibited.

WEIGHT ROOM:

Shared weight training space. Maximum number of visiting athletes allowed in the weight room at one time is **20 per team**. Please mark your top three choices for weight room times with numbers 1,2 and 3.

WEEKDAY TIMES	SATURDAYS	SUNDAYS
___ 6:00-7:00am	___ 9:00-10:00am	___ 9:00-10:00am
___ 7:00-8:00am	___ 10:00-11:00am	___ 10:00-11:00pm
___ 8:00-9:00am	___ 11:00-12:00pm	___ 11:00-12:00pm
___ 11:00-12:00pm	___ 12:00-1:00pm	___ 12:00-1:00pm
___ 12:00-1:00pm	___ 1:00-2:00pm	___ 1:00-2:00pm
___ 1:00-2:00pm	___ 2:00-3:00pm	___ 2:00-3:00pm
___ 2:00-3:00pm	___ 3:00-4:00pm	___ 3:00-4:00pm

OTHER FACILITIES: Please circle requests.

Pool Track and Field Group Fitness Locker Room

Date(s): _____ Time(s): _____

MEETING ROOM SPACE:

in attendance _____ Date(s) / Time(s) Requested _____

A/V needed: Yes or No

WIFI needed: Yes or No

RETURN FORM COMPLETED IN FULL TO Jasmine Evans

Jasmine.Evans@OrlandoHealth.com - (Fax) 352-241-7162- 1935 Don Wickham Dr. Clermont, FL 34711

TRIP INFORMATION

Please submit the following information prior to arrival.

Team Name: _____

Training Dates: _____

-Where will you be staying during your training/event? (www.usantc.com/lodging-partners/)

-Check-in date: _____ Check-out date: _____

-Number of Rooms/Houses _____

-Which car/van/bus rental company will you be using? (www.usantc.com/transportation-partners/)

-Number of Vehicles _____

-What league is your team in? _____

-What tournament are you playing in? _____

-How did you hear about the NTC? _____

What is the best way to contact you during the trip? (In case of unfavorable weather/emergency):

Name: _____

Phone: _____