

SUN CITY WEST SOFTBALL CLUB
LIBERTY FIELD
14401 R. H. JOHNSON BLVD.
SUN CITY WEST, AZ 85375
623-544-6157

FACILITY USE REQUEST

Date: _____

USER INFORMATION:

Organization: _____

Contact Person: _____ Phone: _____ Email: _____

EVENT INFORMATION:

Purpose: _____ Day/Date Requested: _____

**League Play, Practice, Special Event, Tournament*

If the purpose is a tournament with outside teams a **Team Waiver Form must be submitted for each team.*

Times: From: _____ To: _____

If Recurring:

Start Date: _____ Finish Date: _____

FOOD:

Do you intend to serve food? Yes ___ No ___

Do you intend to prepare food on premises? Yes ___ No ___

**If you checked yes above you will be responsible for preparation and clean up.*

Special Requirements:

Approved/Disapproved: _____ Date: _____

Liberty Field Manager