



HTRBA Little League

"That every child may play"



HTRBA Facility Reservation Request

Organization Name: _____

Primary Contact Name: _____ Primary Contact Cell: _____

Primary Contact Email: _____

Organization Information

Team Age Group: _____ Estimated # of Participants: _____

of HTRBA Players (if any): _____

Time Being Requested For

Start Date: _____ End Date: _____

Day and Start/End Time:	M	_____
	T	_____
	W	_____
	TH	_____
	F	_____
	Sat	_____
	Sun	_____

HTRBA USE ONLY

Facilities Requested

- | | | |
|--|--|---|
| <input type="checkbox"/> Indoor Batting Cage | <input type="checkbox"/> B Field Little League 46/60 | <input type="checkbox"/> C Field (165-foot fence) |
| <input type="checkbox"/> A Field Little League 46/60 | <input type="checkbox"/> B Field 50/70 | <input type="checkbox"/> Tournament (Games) |

Requirements

If this reservation is approved, you will be required to submit the following:

1. Signed Facility Use Agreement
2. Signed Hold Harmless Agreement
3. In Force Certificate of Insurance

Print Name: _____ Signature: _____ Date: _____

HTRBA USE ONLY:

Approved Denied] by Board of Directors at meeting held on: _____ for \$ _____

Confirmed with primary contact on: _____

Use Agreement Received Hold Harmless Agreement Received Certificate of Insurance Received