## LAFAYETTE RECREATION AND PARKS DEPARTMENT USE OF PRIVATE LAND FOR PRACTICE FORM

Association			Sport		Committee of the Commit	<del></del>
Team Name			Age Gro	oup		
Coach's Name			-			
Address		The state of the s			•	
City	State			Zip		
Home Phone		Work Phone	2			
Physical Address for Practice Site					-	
City	State			Zip		
Home Phone		Work Phone	2			
		_				
Coach's Signature			Date			
Association Coordinator's Signatur			Date			
		<u> </u>				
I PPD Approval		2.	Date			

This form must be filled out completely and must have all required signatures and must be approved before the team may practice at the site. Failure to meet all of the proceding requirements will void any coverage by the LRPD policies and will subject the coach and/or the youth association to be responsible for all liabilities occurring.