Snipley \$ 1	Choice							3(JOOA FACIL	IIY US	DE APPLICA	HON	
Name of Resident / Organ		Representative's Name								Representative's Title			
Representative's Address			City								State Zip		
Primary Phone		Alternate Phone Email											
Sport		Description of Activity											
ACTIVITY SPONSO	RED BY:												
☐ Shipley's Choice Reside	ent 🔲 Non-Resider	nt		Comn	nercial	* or Re	eligious	s Group	p 🖵 Communit	y Group			
* Commercial groups will b Checks should be made p	e charged for facility usage payable to Shipley's Choice	. Fees Homed	are pay owners	vable in Assoc	advan ciation,	ce to S Inc. Co	CHOA ontact S	SCHOA	via our webpage: wv	ww.shipley	schoice.com		
Cost Per Participant		Estimated Attendance Use of Proceeds											
FACILITY OR FIELD		SP	ECIF	Y US	SE —	PRIC	R AF	PRO	VAL MUST BE	GIVEN	FOR USE		
Facility/Field		Use											
Facility/Field			Use										
Facility/Field			Use										
DATES & TIMES RE	QUESTED												
DATE(S) OF REQUESTED USE			DAY(S) OF WEEK REQUESTED						HOURS REQUESTED				
FROM DATE	TO DATE	SUN	MON	TUE	WED	THU	FRI	SAT	FROMTIME	AM/PM	TOTIME	AM/PM	
Indemnity Agreement: Eac ciation, Inc. nor its officers, a result from the use of the fa that each such party or pers Choice Homeowners Assoc	agents or employees shall be cility authorized by this appl son is jointly and individually	e respo ication. respor	onsible Additionsible f	for any onally, e or any	expendach parandall	ses, lo rty or p expens	sses, d erson u ses of,	amages using th cost of	s, claims, lawsuits, or e facility described in defense, losses to, d	liabilities th this applica amages or	nat are in any way ca ntion acknowledges a claims made agains	used by or and agrees at Shipley's	
Tobacco, Drug and Alcoho week. Evidence of tobacco, of the facilities and referral t	drugs or alcohol after the fa	drugs c	or alcoh	ol of ar	ny kind ed by ar	are pe ny pers	rmitted on or o	in or or rganizat	n any field or facility a tion may result in term	t any time- nination of t	—24 hours per day, the permission to co	7 days per ntinue use	
Condition of the Facility: Ethat all equipment, debris, to or organization will be charged	ash, etc. will be removed fr	om the	facility.	.The fa	cility m	ust be	left in a	clean a	and tidy condition. If th	ne facilities	require clean up, the	e person(s)	
APPLIC				IGNAT	ΓURE				DATE				
FOR OFFICIAL USE	ONLY												
Date Received:		Appro		□ Yes		ı No			Approval Date	e:			
Comments:													