

Castle Pines North Metro District Field

Reservation Request Form Phone:

303-242-3267

Email: susan@cpnmd.org or carol@cpnmd.org

Season – Fall -- 2017

Sport (circle one): Soccer Baseball Football LaCrosse Other

Contact Name & Address: _____

Contact Phone: _____ Email: _____

League: _____ Team Name: _____ Age: _____

Request forms will be accepted from 7/1/16 through 7/23/16. Field assignments will be determined the last week of July 2017. Play on fields will begin no earlier than 8/7/16 and end by 10/31/16.

A one-hour practice time per week will be assigned to you. Please indicate the dates the practice field will be needed: From ___/___/2017 to ___/___/2017.

FIELD USE FEES (Check one):

- Resident \$25/hour for baseball and soccer fields (2 goals).
- Resident \$12.50/hour for ½ soccer field (1 goal).
- Non-resident \$35/hour for baseball and soccer fields (2 goals).
- Non-resident \$17.50/hour for ½ soccer field (1 goal).

(Field Use Fees will be refunded *only* if CPNMD closes fields due to poor field/weather conditions.)

One-hour practice times are available **on the ½ hour**, from 9:30am through 8:30pm Monday – Sunday (4:30 to 5:30; 5:30 to 6:30, e.g.).

Please indicate, in order of preference, the day of the week and time that you want. Field choices: Daniel’s Gate, Coyote Ridge, Retreat.

Priority #	Field Preference	Day of Week	Time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Field Use Fees for Fall 2017 are due when you accept your field assignment and may be paid by check, Visa or MasterCard. Checks may be mailed or dropped off at the CPNMD office: 7404 Yorkshire Drive, Castle Pines CO 80108. Please call our office – (303) 242-3267 to pay by credit card.