

Castle Pines North Metro District

Field Reservation Request Form

Phone: 303-242-3267

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

Season – Spring/Summer- 2019

Sport (circle one): Soccer Baseball Football LaCrosse Other

Contact Name & Address: _____

Contact Phone: _____ Email: _____

League: _____ Team Name: _____ Age: _____

Request forms will be accepted from 1/15/19 through 2/28/19. Field assignments will be determined the 1st week of March 2019. Play on fields will begin no earlier than 3/11/19 and end by 7/31/19.

A one-hour practice time per week will be assigned to you unless there is availability for more than one. Please indicate the dates the practice field will be needed: From ___/___/2019 to ___/___/2019.

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, etc.)

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 Spring/Summer 2019 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.