



City of Hudson Department of Public Works
505 3rd St • Hudson, WI 54016 • Phone (715)-381-4599
www.hudsonwi.gov

FIELD USE APPLICATION

Name of sponsoring agency/group: _____

Priority 1 Priority 2 Priority 3 Priority 4 Priority 5 Priority 6

Contact person: _____

Address: _____ City: _____ Zip: _____

Work #: _____ Cell #: _____

Email address: _____

Requested Field (Indicate facility and number of fields)

<u>Field Location</u>	<u>Field #</u>	<u>Date(s)</u>	<u>Start Time(s)</u>	<u>End Time(s)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***If necessary, attached a separate calendar with all requested dates.**

Please check all that apply (please note: there is an associated fee for these items)

Field Prep

Base Length: _____ Pitching Mound: _____

Field Lighting (Grandview Only)

Scoreboards (Grandview Only)

* I have received a copy of Hudson's Athletic Fee Schedule and shall comply with all requirements they contain. I shall exercise the utmost care in the use of the facility and will take responsibility for any and all damage that may occur from use of the premises.

Signature _____ **Date** _____