

**APPLICATION FOR ALL SPONSORED ACTIVITIES
UNDER KINGWOOD TOWNSHIP PARKS AND RECREATION
JURISDICTION**

DATE OF APPLICATION: _____

NAME OF ORGANIZATION: _____

PERSON IN CHARGE OF THE ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBERS: _____

If additional room is needed – Please attach all information on the back

MAIN PURPOSE FOR THIS RECREATION ACTIVITY: _____

ELIGIBLE AGE GROUPS: _____

TIME FRAME FOR THIS ACTIVITY: _____

WHO WILL BE COACHING/VOLUNTEERING FOR THIS ACTIVITY: _____

(Attach all Volunteer Disclosure Statements, as needed)

**ALL COACHES/VOLUNTEERS MUST BE APPROVED BEFORE EACH
ACTIVITY:** _____

WHERE WILL YOU BE PRACTICING: _____

**If you will be practicing at the Park an application for use of facilities
must be signed**

**Please provide all fees and expenses, per person with enrollment:
(If a profit is made from your activity or not)** _____

Do you have a budget, if so what are your budgeted items: _____

(Please attach a detailed inventory)

**Are additional costs
involved:** _____

A program expense sheet is required
No approval will be given – if this is not submitted

All profit making activities must show proof of insurance before approval of their program.

Insurance Company name: _____

IF OTHER THEN KINGWOOD TOWNSHIP PARKS AND RECREATION
PLEASE SUBMIT A BINDER NAMING KINGWOOD TOWNSHIP