



TRI-ANNUAL APPLICATION REQUEST

ActiveNet Request # _____

Applicant Information

Your name: _____

Organization or League: _____ Team: _____
(if applicable)

Mailing Address: _____

Coordinator: *(If different from you)* _____

Daytime Phone: _____ After Hours Phone: _____

Email: _____

Request for use of facilities in multiple districts:

For this activity, select all districts for which you are requesting usage.

- | | | | |
|---------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Central Maui | <input type="checkbox"/> East Maui | <input type="checkbox"/> South Maui | <input type="checkbox"/> West Maui |
| <input type="checkbox"/> Hana | <input type="checkbox"/> Moloka'i | <input type="checkbox"/> Lana'i | |

Does your organization have IRS 501(c) status? YES NO

***If yes, a copy of the 501 exemption letter must be on file with the DPR Permit Office.**

Are you an authorized agent for this organization? YES NO

***If yes, a copy of the notarized authorized agent letter must be on file with the DPR Permit Office.**

League or Recreational Use Summary

Activity Type:

- | | | | |
|---------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Tennis | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Track | <input type="checkbox"/> Soccer/Futsal |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Other: _____ | | | |

Participants-Age Division:

(Please indicate the number of teams in each category)

- | | | |
|---|--|---|
| <input type="checkbox"/> Youth (Under 5 yrs.) | <input type="checkbox"/> Youth (6-12 yrs.) | <input type="checkbox"/> Youth (13-15 yrs.) |
| # of Teams: _____ | # of Teams: _____ | # of Teams: _____ |
| <input type="checkbox"/> Youth (16-18 yrs.) | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors (55+) |
| # of Teams: _____ | # of Teams: _____ | # of Teams: _____ |

Participants-Gender Division:

- Co-Ed Male Female

Concession Request

Are you requesting any of the following types of concessions?

- Food and/or Beverage Other (ex: Merchandise) None

Required Attachments

Permit Applications submitted without all required attachments will be considered incomplete and will not be reviewed.

- Detailed Participant Information
Include gender and age groups, number of teams, and team names.
- Current Authorized Agent Letter
Authorized Agent letter is valid for one calendar year. New letter must be submitted each year. Must be signed by an officer of the organization and notarized. Clearly state whether the agent is authorized to sign on behalf of the organization. Include contact information for the authorized agent.
- Tentative Game and Practice Schedules
Include times, dates, locations. Separate schedules for practices and games.
- Detailed Fee/Charge Explanation
Include all fees and charges, such as admission, participant fees, donations, vendor fees, registration, etc.
- Facility/Field Request sheet(s) (following page) - attach as many as needed

Acknowledgment

I have fully disclosed all the details of my proposed event. I understand that changes to what I have represented to the County of Maui Department of Parks and Recreation (DPR) will require me to complete a new League / Recreation Program Application Request and DPR will determine whether the park/facility can accommodate my request.

By signing below, I acknowledge that I have read and accept all the terms and conditions set forth in this League / Recreation Program Application Request and all applicable sections of the Maui County Code.

(Your Name)

(Your Signature)

(Date)

Facility / Field Request - Attach "Additional Facility / Field Form" for additional field requests

Time Slot #1

Site/Complex: _____ Field: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Age Group: _____ yrs. to _____ yrs.

Field Use (select one): Practice
 Game

Lights (select one): Yes
 No

Time Slot #2

Site/Complex: _____ Field: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Age Group: _____ yrs. to _____ yrs.

Field Use (select one): Practice
 Game

Lights (select one): Yes
 No

Time Slot #3

Site/Complex: _____ Field: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Age Group: _____ yrs. to _____ yrs.

Field Use (select one): Practice
 Game

Lights (select one): Yes
 No

Time Slot #4

Site/Complex: _____ Field: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Age Group: _____ yrs. to _____ yrs.

Field Use (select one): Practice
 Game

Lights (select one): Yes
 No