



# 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 and participants in each category)*

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

### 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