



Indian Trail Improvement District Neighborhood Park System



(561) 793-0874, 13476 61st Street North, WPB, FL 33412

Dial 911 for Emergencies

Office Only: Date Received: _____ Initials: _____ Director of Parks Approved: Yes No Date: _____

Field Application/Permit

Facility Information: Failure to disclose any information related to your event may result in non-issuance of a permit

Park (s) Requested: <input type="checkbox"/> Hoefl <input type="checkbox"/> Community <input type="checkbox"/> Citrus Grove <input type="checkbox"/> Kidscape <input type="checkbox"/> Temple <input type="checkbox"/> Downers <input type="checkbox"/> Sycamore Field Requested (s): <input type="checkbox"/> Multi-purpose #1 #2 #3 <input type="checkbox"/> Ball-field #1 #2 #3 #4
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User Information:

Group Name		
Mailing Address		
City	State	Zip
Responsible Person		
Phone H	W	Mobile
Additional Responsible Person		
Phone H	W	Mobile

Function Information:

Purpose	Number Attending Event
Date(s)	Day (s) Time
Special Events Planned (block permit only) (list all events planned)	
Registration Dates	
Clinic Dates	
Tryouts	
Opening Day	
Tournaments	
Other	

Read and Initial Agreement to the Following Conditions:

- ___ I understand that any additional time or fields needed must be requested on an additional application.
- ___ I understand that my group is responsible for trash pick up and the removal of any items brought into the park and ITID will retain my deposit if the area is not free of trash and items brought by my group.
- ___ I understand that my group has been permitted for specific areas/ times and that I cannot restrict other persons from using other portions of the park.
- ___ I understand that ITID is not responsible for the safety/security of persons or items brought into the park by my group.
- ___ I understand that water, electric and staff assistance is not guaranteed at the site by ITID
- ___ I understand that insurance is required and must be provided prior the start of my program.
- ___ I understand that if ITID determines that staff is needed during any portion on my event(s) that we are required to cover the costs of the staff time at the established BOS approved rate.

The above named group & I, the undersigned, on behalf of said group, agree to indemnify, defend & save harmless the Indian Trail Improvement District, its staff, Board of Supervisors from any & all injuries (including death), property damage & other claims, liabilities, losses & causes of action arising out of any negligent act of omission by me of any person associated with said group during the permitted period & use of park facilities. By my signature, said group & I will comply with all park rules & regulations, local/state/federal laws & ordinances in regard to this permit. I understand that I, as applicant, am responsible for the actions of those associated with my group & non-compliance in any way may result in loss of security deposit & subsequent permits.

Signature of Applicant: _____ Date: _____

Rental Fee: Half day - \$50.00 Full day - \$100.00 \$50.00 Deposit (refundable)	
<i>Separate Checks must be written for fees, deposits and each permit. Fees due when reservation is made.</i>	
<small>do not write below this line - office only</small>	
Total Fees Paid: _____ cash/check # _____	Total Deposit Paid: _____ cash/check _____
Accepted By: _____ date _____	Deposit returned by: _____ date _____

Cancellation:

- Fees other than deposits will not be returned if the permit holder cancels less than 7 days prior to the event. The permit holder will be given the opportunity to re-schedule to an available date within the next 90 days.
- Events canceled by the District will receive a complete refund.
- The District reserves the right to cancel any permit for safety, maintenance or weather-related reasons.
- The District reserves the right to cancel any permit for failure to meet permit process guidelines, failure to disclose information, and/or for events that will have a negative impact on the District.

Permit Deposits:

- Failure to comply with all of the exit requirements (including cleaning and trash disposal) will result in a loss of the deposit. Work performed by District staff or District contractors to the park as a result of the group's use will be billed at prevailing costs. Should costs exceed the deposit amount; a bill will be presented to the permit holder for payment.
- Deposits will be accepted in the form of a check or cash.
- If a full deposit refund is due to the permit holder, a check will be issued to if cash was deposited. Otherwise the deposit check will be returned by the Accounting office.
- If a partial deposit refund is due to the permit holder, a check will be issued after the check/cash has been deposited.
- 4-6 weeks must be allowed for the process of issuing District checks.
- Key deposits will be returned only if the key issued is returned within 5 days of the event.

In accordance with the American Disabilities Act, this document may be reprinted in alternate formats. Contact 793-0874 for assistance.
white - office yellow - accounting pink - parks gold - applicant