



Ball Field Reservation Request

Municipal Code 10-92

PO Box 351
50 S Beech Street
Hudson, CO 80642

Phone: 303-536-9311
Fax: 303-536-4753
Sfarthing@hudsoncolorado.org

Applicant's Full Name: _____

Applicant Address: _____

Phone: _____ Email: _____

Mailing Address: _____

Group Name: _____

Group Address: _____

Phone: _____ Email: _____

Mailing Address: _____

Baseball Field Soccer Field

Type of Function: _____ Group Size: _____

Start Time (including set up): _____ End Time (including clean up): _____

Description of Event(s): _____

Rental Date	Time	Rental Date	Time	Rental Date	Time

Received and read Park Rules:

Will lights be needed?: Yes No

By signing below applicant states, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit #: _____

Date Received: _____

Fee Due: _____

Fee Paid: Staff Initials: ____

Deposit Paid:

Deposit Return: Staff Initials: ____

Approved: _____

Date: _____

Notes: _____