

SPORTS LEAGUE INFORMATION

Required by the Sharon Recreation Department of Field Permits will not be issued.

Information must be submitted two weeks prior to annual visit before the Recreation Advisory Committee

LEAGUE NAME: _____ **SPORT:** _____ **FIELDS USED:** _____

SPORTS SEASON INCLUDE: SPRING SUMMER FALL
(Make [X] next to designated season)

WHAT PROGRAMS AND AGES ARE OFFERED EACH SEASON?

SPRING	SUMMER	FALL
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOW MANY PLAYERS IN YOUR PROGRAM EACH SEASON?

SPRING _____ SUMMER _____ FALL _____

HOW MUCH DO YOU CHARGE TO PLAY EACH SEASON:

SPRING _____ SUMMER _____ FALL _____

WHAT DO YOUR FEES COVER? UNIFORMS AWARDS EQUIPMENT UMPIRES/REFS
(Make [X] next to all that apply)

DO YOU OPERATE A CONCESSION STAND: YES NO

PLEASE ATTACH A LEIS OF FOOD, BOTH PACKAGED AND PREPARED, ALONG WITH A LIST OF PRICES.

PLEASE LIST ANY IMPROVEMENTS THAT YOU WOULD LIKE TO MAKE TO THE FIELDS THAT YOUR GROUP USES IN THE NEXT YEAR.