



Field/Event Request

Submit application to:
701 Main Avenue
Fargo, ND 58103
sludwig@fargoparks.com

- Complete to request outdoor fields or if you are interested in hosting an Adult or Youth Event at any Fargo Park District location.
- All requests are assigned/approved by the Fargo Park District. No event date is guaranteed.
- If changes are needed, you must notify Shawn Ludwig 14 days prior to the reservation by email at sludwig@fargoparks.com.
- If your event exceeds 8 fields, additional evaluation will be done as more restrooms and vendors may be needed.
- Once your request has been confirmed, a Facility Use Agreement will be emailed.
- Proof of liability insurance in the amount of not less than \$1,000,000.00 with the Fargo Park District listed as the additional insured is required.
- Refund Policy: Cancellations must be made five (5) days or more prior to the date scheduled for a full refund. If the applicant does not give notice of cancellation prior to the five (5) day notice, the applicant will be responsible for the full rental fee.

APPLICANT INFORMATION

CONTACT NAME		ORGANIZATION/GROUP	
STREET ADDRESS			
CITY		STATE	ZIP
DAYTIME PHONE	CELL PHONE	EMAIL	

TOURNAMENT/EVENT INFORMATION (if applicable)

EVENT NAME		TYPE OF ACTIVITY/SPORT	
NUMBER OF TEAMS PARTICIPATING (Estimate)	AGE OF PARTICIPANTS	YOUTH (18 & under)	or ADULT

PLEASE SELECT ALL THAT APPLY :

Selling Food Selling Alcohol Selling Merchandise Collecting Gate Fee Other _____

***Charging for parking is not allowed.*

*** 10% of all sales will be payable to the Fargo Park District within 14 days of the conclusion of the event.*

DESCRIPTION—Provide a detailed description of your event, including any equipment such as tables, chairs, pop-up tents, etc. that will be brought in or requested as well as any requests for additional bathrooms or lights (which may incur additional fee).

Please attach schedules/documents with this information.

LOCATIONS REQUESTING

Facility Requesting	Fields Needed	Start Date	End Date	Days of the Week	Times
				M TU W TH F SA SU	
				M TU W TH F SA SU	

SIGNATURE _____ DATE _____