

Field/Facility Request



Event Name/Organization: _____		Contact: _____	
Billing Party: _____		# of Participants: _____	
Email Address: _____		Sport: _____	
Mailing Address: _____			
_____ (City)		_____ (State)	_____ (Zip Code)
Evening Phone: _____		Day Phone: _____	Cell/Pager: _____

Office: 970.568.7410

Fax: 970.568.7410

Email: recreation@wellingtoncolorado.gov

Date (s)	Day of the Week	Event Start Time	Event End Time	Site/Facility/Property	Field/ Court	Event Type	Setup/Dimensions (if applicable)

Special Arrangements/Comments:	_____

Priority #	Date Received:	Time Received:	Received by:	Entered by:	Approved by:

