



SAINT REGIS MOHAWK TRIBE

2018 Generations Park Complex

Applicant Information

Name of Applicant: _____

Group/Organization: _____

Address of Applicant: _____

City/Town: _____ State/Province: _____ Zip Code: _____

Phone - (Day) : _____ (Evening): _____ (Cell): _____

E-mail: _____

Area Requested: *(playground & bathrooms remain open for public)*

- _____ Generations Park Main Field
- _____ New Practice Field (behind lacrosse box)
- _____ Tewathahita Trail Field
- _____ Tewathahita Walking Trail
- _____ Travis Solomon Memorial Lacrosse Box
- _____ Pavilion
- _____ Concession

Dates & Time

Dates Requested: Start: _____ Finish: _____

Day(s) Requested: *Check All Dates that apply:*

MON TUES WED THURS FRI SAT SUN

Program Time (s): _____am/pm to _____am/pm Number of Participants: _____

Brief Event Description: *please include any special accommodations (i.e. field striping, notices posted to Face Book, use of the scoreboard or other park equipment, etc.)*

Please attach field schematics diagram with measurements and any pertinent advertising flyers.

Terms and Conditions for Usage

1. Prior to any access being granted to the Generation Park Complex, you will be required to demonstrate the following conditions:
 - a. Complete the Release and Waiver of Liability Agreement for the Team Organization.
 - b. Provide a team roster.
 - c. Have each team participants and/or parent sign a waiver of liability.
 - d. Agree to ensure there is ABSOLUTELY no alcohol on the premises at any time.
 - e. Ensure all areas are respected and maintained during use.
 - f. Inspection and cleanup area during and after use. Please take your garbage when you leave.
 - g. Monday, Wednesday, and Sunday are designated for open floor time for all persons interested in using the Travis Solomon Memorial Lacrosse Box. No Reservations will be taken on these three days.

Equitable time and usage will be given to all.

I have read and agree to adhere to the above Terms of Agreement during my scheduled time at Generations Park Complex.

Print Name

Signature

Date

TEAM ROSTER

Team Name: _____ Date: _____

of Coaches: _____ Head Coach Name: _____

Names of addition Coaches/Trainers: _____

No.	Name	Signature
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(Attach additional names if roster does not fit on sheet)

