



FACILITIES SPECIAL REQUEST FORM-FIELDS

City of Winona
 207 Lafayette St, Winona, MN 55987
 507-457-8258
 Fax: 507-457-8219

Date of Application: _____
 Type/Name of Event: _____
 Estimate # of people: _____
 Start Date: _____ End Date: _____
 Day(s) of Week: _____ Actual Times(start to end): _____

NOTE: Attach a formatted schedule if applicable.

Organization Name: _____
 Contact Person: _____
 Address: _____
 (W) Phone: _____ (H) Phone: _____
 (C) Phone: _____ Fax: _____
 Email Address: _____
 Driver's License #: _____

FACILITIES REQUESTED: *Non-Profit Groups only.

<u>Bambenek Softball Fields:</u>	<u>Youth Baseball/Softball Fields:</u>	<u>Tennis Courts:</u>	<u>Other:</u>
___ Bamb. #1	___ Dakota Field	Bandshell:	___ Soccer East
___ Bamb. #2	___ Lions Field #1	___ Court #1	___ Soccer West
___ Bamb. #3	___ Lions Field #2	___ Court #2	___ 18 Hole Disc Golf
___ Bamb. #4	___ Valley Oaks Field	___ Court #3	___ 9 Hole Disc Golf
___ Bamb. #5		___ Court #4	
___ Bamb. #6	<u>Baseball Only:</u>		
___ Clinic Field	___ Gabrych Field		
___ Jaycee Shelter Field			
			Other: _____

Field Maintenance Notes Needed:
 ___ Field(s)-Drag only ___ Set bases at _____, pitchers at _____
 ___ Field(s)-Drag and Line
 ___ Field(s)-Line only Other, list: _____

Additional Needs/Equipment/Notes:

After receiving and processing this request, you may receive a confirmation call or a booking contract will be sent to you via email for your review and signature. Confirmation of the request is complete after we receive a signed contract back from you. In order to process these requests in a timely manner we would like to have the signed contracts back from you within 5 days of the email receipt, fax back to 457-8219.



OFFICE USE ONLY:		
Approval Initials: _____	Fee: _____	Contract #: _____
Emailed contract: _____	Recvd. Signed: _____	Revised 3/11