

Attachment A

Date _____



**U.S. CELLULAR SOCCER COMPLEX
APPLICATION FOR USE**

1. Name of Sponsoring Organization _____
2. Contact Name: _____ Position: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
3. Club Affiliation (i.e. AYSO, TSSA) _____
4. Name of Event _____
5. Date (s) of event: _____
6. Start/end time of each day's activities _____
7. Number of fields requested: _____
8. Explain event: (daily start/finish times etc.)

9. Number of teams expected in the event: _____
10. Number of participants from Knox County/City of Knoxville: _____
11. Number of participants from outside Knox County: _____
12. Number of participants from outside Tennessee: _____
13. Age(s) of competitors: _____
14. What organization will be doing the assignment of officials? _____
Name of Contact: _____
Phone: _____ Fax: _____ Email: _____

Please initial each statement that indicates the applicant understands each statement and will comply fully:

- ___ 15. Host organization assures that all participants are insured.
- ___ 16. Host organization shall provide to FC Alliance a certificate of Insurance as outlined in the Scheduling Policy prior to the beginning of competition.
- ___ 17. Host shall follow all safety rules and shall enforce the wearing of all safety equipment as described in the appropriate soccer rule book according to their governing body.
- ___ 18. The event director or designee must be on-site at all times during the event.
- ___ 19. Sponsoring organization agrees to abide by all sponsorship agreements affiliated with the complex and enforce all complex policies on behavior to the best of their ability.
- ___ 20. Sponsoring organization agrees to abide by all decisions made by FC Alliance and as it relates to the playability of the fields and weather conditions.
- ___ 21. Sponsoring organization understands that failure to abide by any and all policies affiliated with the U.S. Cellular Soccer Complex shall disqualify the organization from sponsoring future events at the complex.
- ___ 22. If lessee desires to use the concession facilities during the event, a refundable security deposit of \$250.00 must accompany this application. Lessee agrees that the concession facility will be returned in an orderly and clean condition (as orderly and clean as when the lessee took control of it at the time of the event) and if not, the security deposit will not be returned. If the concession facility is returned in a clean and orderly manner, the deposit will be returned within two weeks of the event.

Please include a copy of the insurance policy, an information flier, entry form or other information on the proposed event.

Please attach a check made payable to FC Alliance for 50% of the fee for use of the facility as requested. This application will not be considered "received" if no check is attached or if the check does not clear when deposited.

Please attach a second check for \$250 if the host organization desires to use the Concession Facility (Refundable Security Deposit).

Submitted by: _____

Please Print Name

Signature Position/Title

Date

Return to: FC Alliance
PO Box 22603
Knoxville, TN 37933-0603
Attn: Scheduler - U.S. Cellular Soccer Complex