

**PARKS & RECREATION
DEPARTMENT**

Date of Application:	
Date Received:	
Date of Approval:	
<i>Date of Issuance:</i>	



William R. Talley Rec Center
121 North Bentz Street
Frederick MD 21701

301-600-1493
FAX: 301-600-2849
www.cityoffrederick.com

FIELD USER DESIGNATED REPRESENTATIVE FORM

As the President of _____, I designate the following person(s) to represent the organization for the purpose of contacting The City of Frederick's Parks & Recreation Department. The person(s) named below will be solely responsible for the designated sport they represent and no other sport.

DATE:		
SEASON(s):	<input type="checkbox"/> Spring/Summer	<input type="checkbox"/> Fall
PRESIDENT:		
PRESIDENT SIGNATURE:		

NAME (printed):		
Sport Represented:		
Address:		
Home Phone:		<input type="checkbox"/>
Work Phone:		<input type="checkbox"/>
Cell Phone:		<input type="checkbox"/>
Email:		
<i>Please CHECK THE BOX of which is the preferred phone contact to be used during the business day.</i>		

NAME (printed):		
Sport Represented:		
Address:		
Home Phone:		<input type="checkbox"/>
Work Phone:		<input type="checkbox"/>
Cell Phone:		<input type="checkbox"/>
Email:		
<i>Please CHECK THE BOX of which is the preferred phone contact to be used during the business day.</i>		

Use Additional Forms if necessary.