

CORNERSTONE CHRISTIAN SCHOOL

Athletic Facility Use Application

Date of Application _____ Home Team/Color _____

Visitor Team/ Color _____

Athletic Event _____

Facility Requested _____

Date Needed _____ Game Time _____ Estimated End Time: _____

Team Arrival Time: _____ Practice at facility? (Y/N) Gates/Doors open Time for Public: _____

Special Requirements:

Estimated attendance _____ Ticket Prices: Adults _____ Students _____

Which passes are accepted (please attach a copy)? _____

Describe security needs and arrangements: _____

Describe supervision plans by the school districts: _____

*****Home Team Contact Information:**

Name: _____ Phone: _____

Address: _____ Cell Phone: _____

City/St./Zip _____ Fax #: _____

Email: _____ Email to submit financial statement: _____

*****Visitor Team Contact Information:**

Name: _____ Phone: _____

Address: _____ Cell Phone: _____

City/St./Zip _____ Fax #: _____

Email: _____ Email to submit financial statement: _____

*** Field Required

CCS Use Only

Copies to: _____ Game Administrator _____ Maintenance _____ Ticket Seller