

submitted to the district manager on 7/22/08

<b>APPLICATION AND PERMIT FOR USE OF RECREATION FACILITIES BY GROUPS</b>	CITY OF PHILADELPHIA DEPARTMENT OF RECREATION	APPLICATION DATE 7/16/08
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During operating hours     
 During non-operating hours     
 For non-recreational activity

FACILITY Gifford	RECREATION DISTRICT 1
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ADDRESS Tues - 4 - 7 575 Tomlinson 19116	POLICE DISTRICT 7
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DAY(S) Sunday - 2 - 5 Saturday - 12 <sup>00</sup> - 5 <sup>00</sup> pm	DATE August - Nov	YEAR 2008	FROM: _____ AM/PM	TO: _____ AM/PM
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TYPE AND NATURE OF ACTIVITY:

girls & boy  
Soccer games  
Soccer practice

FACILITIES NEEDED:

AUDITORIUM   
 ATHLETIC FIELD(S)   
 GYM   
 MEETING ROOM(S)   
 OTHER \_\_\_\_\_

SIZE OF GROUP EXPECTED: 50	DO YOU PLAN TO COLLECT FUNDS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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NAME OF GROUP / ORGANIZATION  
Fox Chase Soccer Club

ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
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AUTHORIZED GROUP REPRESENTATIVE  
Mark Bachmann / Jim Tracy

HOME ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
7769 Hasbrook Ave	Phila		19111	215 342 4146

**DEPARTMENTAL APPROVAL**

LEADER-IN-CHARGE / DISTRICT MANAGER Connie Rosenfeld	TELEPHONE NUMBER 685 0377	FAX NUMBER	APPROVAL DATE
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**SIGNATURE OF AGREEMENT / COMPLIANCE**

"By signing below, as authorized representative of the group receiving this permit, we agree, without exception, to abide by the rules and regulations stipulated on BOTH SIDES of this permit -- and will enforce and comply with all the rules and regulations of both the City of Philadelphia, and the Department of Recreation. We further realized that noncompliance with these rules and regulations may lead to immediate revocation of this permit, and possible legal prosecution."

SIGNATURE OF AUTHORIZED REPRESENTATIVE 	DATE 7/16/08
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