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| APPLICATION AND PERMIT FOR USE OF RECREATION FACILITIES BY GROUPS | | CITY OF PHILADELPHIA DEPARTMENT OF RECREATION | APPLICATION DATE 2/19/09 |
| <input checked="" type="checkbox"/> During operating hours | <input checked="" type="checkbox"/> During non-operating hours | <input type="checkbox"/> For non-recreational activity | |
| FACILITY Gifford Playground's Soccer Fields | | RECREATION DISTRICT 1 | |
| ADDRESS 575 Tomlinson Rd | | POLICE DISTRICT 7 | |
| DAY(S) m/w/sat./sun. | DATE March- | YEAR 2009 | Sat/Sun FROM: 1230 AM/PM TO 430pm AM/PM |
| TYPE AND NATURE OF ACTIVITY: (m+w) Soccer Practice | | From 500 pm to 800 pm Mon + Weds | |
| + | | | |
| Soccer Games (Sat. + Sun.) | | | |
| FACILITIES NEEDED: <input type="checkbox"/> AUDITORIUM <input checked="" type="checkbox"/> ATHLETIC FIELD(S) <input type="checkbox"/> GYM <input type="checkbox"/> MEETING ROOM(S) <input type="checkbox"/> OTHER | | | |
| SIZE OF GROUP EXPECTED: 50 | | DO YOU PLAN TO COLLECT FUNDS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| NAME OF GROUP / ORGANIZATION Fox Chase Soccer | | | |
| ADDRESS | CITY Phila. | STATE PA | TELEPHONE NUMBER 215-852-4124 |
| AUTHORIZED GROUP REPRESENTATIVE Mark Bachman | | | |
| HOME ADDRESS | CITY | STATE | TELEPHONE NUMBER |
| 36 | Chapel Hill Rd | Hunt Valley | 19006 215-852-4124 |
| DEPARTMENTAL APPROVAL | | | |
| LEADER-IN-CHARGE / DISTRICT MANAGER Jeff George | | | |
| TELEPHONE NUMBER 215-685-0377 | FAX NUMBER | APPROVAL DATE | |
| 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 2/19/09 |

cc: Facility; Applicant; District Manager; Main Office