

**APPLICATION AND PERMIT FOR USE
OF RECREATION FACILITIES
BY GROUPS**

CITY OF PHILADELPHIA
DEPARTMENT OF RECREATION

APPLICATION DATE

8/19/09

During operating hours During non-operating hours For non-recreational activity

FACILITY: Gifford RECREATION DISTRICT: 1

ADDRESS: 575 Tomlinson POLICE DISTRICT: 7

DAY(S): T, Th DATE: 8/09-12/09 YEAR: FROM: _____ AM/PM TO: _____ AM/PM

TYPE AND NATURE OF ACTIVITY:
✓
Tues. 530pm - 830pm
Thurs. 530 - 830pm

FACILITIES NEEDED:
 AUDITORIUM ATHLETIC FIELD(S) GYM MEETING ROOM(S) OTHER

SIZE OF GROUP EXPECTED: 50-90 DO YOU PLAN TO COLLECT FUNDS?
 YES NO

NAME OF GROUP / ORGANIZATION: Fox Chase Soccer Club

ADDRESS: Ridgeway & Rockwell Pk CITY: Phila STATE: PA ZIP CODE: 19111 TELEPHONE NUMBER: 215-514-3688

AUTHORIZED GROUP REPRESENTATIVE: Jim Tracey

HOME ADDRESS: 7769 Hasbrouk Ave CITY: Phila STATE: PA ZIP CODE: 19111 TELEPHONE NUMBER: 215-514-3688

DEPARTMENTAL APPROVAL

LEADER-IN-CHARGE / DISTRICT MANAGER: [Signature]

TELEPHONE NUMBER: 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: [Signature] DATE: 8/19/09