

**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 Rd

POLICE DISTRICT

7

DAY(S) T, Th, Sat, Sun

DATE 8/09 - 12/09

YEAR FROM: _____ AM/PM TO: _____ AM/PM

TYPE AND NATURE OF ACTIVITY:

Sat. 830am - 300pm
Sunday 100pm - 500pm

After 10/1/09
830am - 500pm

FACILITIES NEEDED:

AUDITORIUM ATHLETIC FIELD(S) GYM MEETING ROOM(S) OTHER _____

SIZE OF GROUP EXPECTED:

50-70

DO YOU PLAN TO COLLECT FUNDS?

YES NO

NAME OF GROUP / ORGANIZATION

Fox Chase Soccer Club

ADDRESS Ridgway & Rockwell Pk CITY Phila STATE PA ZIP CODE 19111

TELEPHONE NUMBER 215-514-3688

AUTHORIZED GROUP REPRESENTATIVE

Jim Tracey

HOME ADDRESS 7769 Has Brook Ave CITY Phila STATE PA ZIP CODE 19111

TELEPHONE NUMBER 215-514-3688

DEPARTMENTAL APPROVAL

LEADER-IN-CHARGE / DISTRICT MANAGER

George

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

DATE 8/19/09