



**APPLICATION FOR FIELD AND LIGHT USAGE
AT WICKHAM PARK SOCCER FIELDS**



Name of Organization _____
 Contact Name _____
 Phone Number _____
 E-mail Address _____
 Billing Address _____

Field Requirements:

Field Size Needed _____

Day(s) of Week Needed (Circle Days(s)) Mon Tues Wed Thurs Fri Sat Sun Any Available

Time Needed (in 1/2 hr increments, min 1 hour) _____
 (Example: 7-8:30 pm)

Start Date: _____ End Date: _____

We will not need lights We will need lights

No Requests will be accepted that require light usage past 8:30 pm!

Fee Schedule for Light Usage (1.5 hrs)

U-12 field - Full	\$ 50.00
U-12 field - Half	25.00
U-10 field - Full	50.00
U-10 field - Half	25.00
U-6/U-8 Area - Full	50.00

A refundable deposit equal to 4 sessions is required with this application.
 Invoices will be mailed or e-mailed at the end of each month.
 Payment must be made within 15 days of receipt. Non-payment may result in termination of field/light use privileges.
 All payments are to be made to **SCUSC** and mailed to:
 SCUSC
 P.O. Box 410301
 Melbourne, FL 32941

I (We) understand that children are frequently present at this field location. Foul language and abusive behavior will not be tolerated. If such activities are encountered, this agreement may be terminated, effective immediately.

I (We) accept the terms of this agreement. My (Our) deposit is enclosed.

Signature _____ **Date** _____

SCUSC Board Use Only:

Approved / Denied _____
 SCUSC Secretary

Date / Time for Use _____
 SCUSC Scheduler

Usage Fee / Deposit _____
 SCUSC Director of Finance