



CITY OF PARKVILLE * 8880 Clark Avenue * Parkville, MO 64152 * (816) 741-7676 * (816) 741-0013

Sports Field Reservation Permit – English Landing Park

8701 McAfee, Parkville, MO 64152

Reservations are available each year from March 1 through October 31

*Required fields

(72 Hours' Notice Required)

*Group Name: _____

*Date(s) Requested: _____ *Day(s) of Week: SU M T W TH F SA

FIELD RESERVATIONS:

All fields are charged at \$20 per hour per field

Select a field, enter the time(s) you would like to reserve the field(s), circle/check AM or PM, and enter the total amount.

<input type="checkbox"/> Ball Field #1	Time(s) Requested: _____	AM	PM	\$ _____
<input type="checkbox"/> Grigsby Field	Time(s) Requested: _____	AM	PM	\$ _____
<input type="checkbox"/> Ball Field #3	Time(s) Requested: _____	AM	PM	\$ _____
<i>Recommended for teams with players age 8 and under</i>				
<input type="checkbox"/> Soccer Field	Time(s) Requested: _____	AM	PM	\$ _____
<input type="checkbox"/> Volleyball Court #1 (West)	Time(s) Requested: _____	AM	PM	\$ _____
<input type="checkbox"/> Volleyball Court #2 (Center)	Time(s) Requested: _____	AM	PM	\$ _____
<input type="checkbox"/> Volleyball Court #3 (East)	Time(s) Requested: _____	AM	PM	\$ _____
<input type="checkbox"/> Pickleball #1	Time(s) Requested: _____	AM	PM	\$ _____
<input type="checkbox"/> Pickleball #2	Time(s) Requested: _____	AM	PM	\$ _____
<input type="checkbox"/> Pickleball #3	Time(s) Requested: _____	AM	PM	\$ _____
<input type="checkbox"/> Pickleball #4	Time(s) Requested: _____	AM	PM	\$ _____

Total Due \$ _____

With Shelter Reservation? Yes No Date: _____ Shelter: East West River

CONTACT INFORMATION:

*Contact Person: _____ *Signature: _____

*Address/City/State/Zip: _____

*Daytime/Cell Phone: _____ E-mail: _____

CONDITIONS FOR USE:

TO PARK PATRONS: This is your permit to use the facility/facilities that you have reserved. Keep this permit with you and present it on demand. If someone is occupying the space you reserved, you should present this permit and request they vacate the area. If they refuse to leave the reserved area, contact the Parkville Police at 816/741-4454 or 816/858-3521 to have an officer dispatched. If you do not follow these instructions, you cannot request a refund of payment. This is the only situation where a refund will be considered. **NO REFUNDS** will be issued if you change your mind. EXCEPTION: If the Park Director determines the condition of the field constitutes cancellation, he will do all possible to accommodate you on an alternate date. **NO PARKING** on the grass. Law Strictly Enforced \$75.00 MINIMUM FINE.

FOR CITY USE ONLY:

Fee (59.0001): \$ _____ Cash _____ Check # _____ Credit Card _____ Date: _____ Approved by: _____

☐ Filed Original ☐ Copy to Requestor ☐ Copy to Parks ☐ Copy to Police ☐ Copy w/Receipt ☐ Posted to Website