Castle Pines North Metro District Field Reservation Request Form

Phone: 303-242-3267 Email: susan@cpnmd.org

<u>Season – Fall -- 2022</u>

Sport (circle one):	Soccer	Baseball	Football	LaCrosse	Other			
Contact Name & A	ddress:							
Contact Phone:			Email:					
League:			Team Name:			Age:		
Request forms will b	2022. Play	on fields will l	begin no earli	er than 8/8/22 a	and end by	11/4/22.		
A one-hour practice one. Please indicate								
O Resident \$12.50 O Non-resident \$35/ho): 25/hour for baseball and soccer fields (2 goals). 12.50/hour for ½ soccer field (1 goal). 35/hour for baseball and soccer fields (2 goals). 17.50/hour for ½ soccer field (1 goal).						
(Field Use Fees will	be refunded	only if CPNM	D closes field	ls due to poor t	ield/weath	er conditions.)		
One-hour practice ti (4:30 to 5:30; 5:30 to		lable on the 1	∕₂ hour, from !	9:30am through	1 8:30pm M	onday – Sunday		
Please indicate, in o Daniel's Gate, Coyot			y of the week	and time that y	ou want. f	Field choices:		
Priority # Field I	Preference	Day	of Week	Time	9			
1								
2.								
3.								
4.					<u></u>			

Field Use Fees for Fall 2022 are due when you accept your field assignment and may be paid by check, Visa or MasterCard. Checks may be mailed or dropped off at the CPNMD office: 7404 Yorkshire Drive, Castle Pines CO 80108. Please call our office – (303) 242-3267 to pay by credit card.