

**NEW CASTLE COUNTY DEPARTMENT OF COMMUNITY SERVICES PERMITS SECTION**  
**Walk In: Garfield Park Activity Center, 26 Karlyn Drive, New Castle, DE 19720**  
**Mail in: Gilliam Building, 77 Read's Way, New Castle, DE 19720 Phone # 571-4006**

**APPLICATION FOR SOFTBALL FIELD PERMIT - PRACTICES ONLY**

**Please Print:**

Name of Applicant: \_\_\_\_\_  
 Team/Organization: \_\_\_\_\_ E Mail Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (fax) \_\_\_\_\_  
 Field choices in order of preference :( 1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

*If above request is not available, would you take ANY available field? \_\_\_yes \_\_\_no*

**WHEN SCHEDULING PRACTICE DATES, KEEP IN MIND THAT:**

- *No field usage can be permitted in March.*
- *No practices are allowed on any lighted fields, even if lights are not requested.*

DATE FROM	DATE TO	FIELD SITE AND #	TIME FROM	TIME TO	DAY(S) OF WEEK REQUESTED

**FEES FOR SOFTBALL FIELDS:**

1. **Free - three** practice dates (*April Only*)
2. **\$12 - each** for up to **three** additional two hr. time slots.
3. **\$80 -** for **4-9** additional two hr. time slots.
4. **Non-County resident teams are not eligible for free practices.**

**Note: Reservations made for usage after June 30, 2009 is subject to a 5% fee increase.**

**SOFTBALL FIELDS AVAILABLE:**

**( ) INDICATES # OF FIELDS AT SITE (F)-INDICATES FENCED FIELD**

**FULL SIZED FIELDS:**

Bonsall (2) Chelsea #1  
 Brandywine Springs (2) Marbrook #1  
 Powell Ford (3)

**FIELDS TO BE USED BY WOMEN OR YOUTH LEISURE PLAY ONLY:**

Biden Surratte # 2  
 Br. Spring # 3 Grendon Farms  
 Chelsea #2 Brookhaven  
 Marbrook #2

**Please submit appropriate fee with application (check, money order, cash (exact)). Permittee will be notified and billed for any extra costs where applicable. Hold Harmless Agreement must be signed and returned with this application along with fee before a permit will be issued. Make check payable to NEW CASTLE COUNTY. Only permittee may make any changes, cancellations, or additions to permit. NO VENDING IS PERMITTED WITHOUT WRITTEN PERMISSION FROM THE PERMITS OFFICE.**

**NO ALCOHOLIC BEVERAGES OR ILLEGAL SUBSTANCES PERMITTED ON COUNTY PARKLAND**

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_/09



**NEW CASTLE COUNTY  
DEPARTMENT OF COMMUNITY SERVICES**

**HOLD HARMLESS AGREEMENT**

***In*** consideration of the receipt of this permit from New Castle County, the Permittee hereby releases New Castle County and agrees to indemnify and HOLD HARMLESS New Castle County, its agents, or servants from all damages, including, but not limited to, attorney fees and other costs resultant from any injury to Permittee or any agent or employee of Permittee, or to any person coming upon the premises in connection with the Permittee's use and occupancy of the premises.

***In*** no event shall New Castle County be liable for any damage or injury to Permittee or any agent or employee or Permittee or to any person coming upon the premises in connection with the Permittee's use and occupancy of the premises.

***Permittee*** acknowledges that it shall reimburse New Castle County for any and all damage to New Castle County property, its agents, and/or its servants, as a result of the use and occupancy of the premises (ordinary wear and tear excepted) by Permittee, its agents, or servants, or by any person coming upon the premises during the Permittee's use as an invitee or licensee of the Permittee.

***Permittee*** agrees that the rights and obligations under the permit and this agreement shall inure to and be binding on its successors and assigns.

***This*** HOLD HARMLESS agreement **MUST** be signed by Permittee in his or her individual or representative capacity as an authorized representative of the organization named below, which representative represents by so signing that he or she has the authority to bind such organization, and received and accepted by New Castle County before any permit will be issued.

Permittee Organization or Individual's Full Name: \_\_\_\_\_  
Type of Organization [corporation, partnership, etc.] \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Seal Must be Affixed here if a corporation or other such entity:

Date \_\_\_\_\_