



# FIELD RENTAL APPLICATION

## Borough of Green Tree

10 W. Manilla Avenue, Pittsburgh, PA 15220  
412.921.1110 | www.greentreeboro.com

Rental Date(s)	Rental Time(s)

Category	Organization	Field Rental Fees
1	Borough Recreation	No Charge
2	KOAA/Guardian Angel	
3	GAA	
4	Green Tree 501c3**	4, 2-hr free rentals per mnth; addt'l rentals \$30/per 2-hr rental
5	Non-Green Tree 501c3	2, 2-hr free rentals per mnth; addt'l rentals \$75/per 2-hr rental
6	Resident/GT Business/GT League	\$30 per 2-hr rental
7	Non-Resident League	4, 2-hr rental - \$160; addt'l rentals \$75/per 2-hr rental
8	Non-Resident Individual	\$150 per 2-hr rental
9	Tournaments w/Team or Individual	15% of Tournament Entrance Fees

<input type="checkbox"/> Aiken 1	<input type="checkbox"/> Aiken 2	<input type="checkbox"/> Aiken Soccer Field	<input type="checkbox"/> Hale Park Soccer Field	<input type="checkbox"/> Hemlock 1	<input type="checkbox"/> Hemlock 2	<input type="checkbox"/> Wilson Field
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<input type="checkbox"/> Concession Stand	Date(s) Needed <i>(Note if same as above)</i>	
Fee	\$100/4 hours; \$25/each addt'l hours	Hours Needed <i>(Note if same as above)</i>

Name	Contact No.	Email
Name of Organization	Age Group of Participants	Purpose of Rental
Are there participation/entrance fees associated with this event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide tournament advertisement and/or fee schedule</i>		

### Waiver. Please Initial indicating that you agree.

_____	<b>Release and Indemnification Agreement.</b> In consideration for the acceptance for use of the above fields, the undersigned, does hereby release and forever discharge the Borough of Green Tree, its officials, employees and/or its Recreational Board, from any claims, demands, damages, actions, and causes of actions of any sort for any injury sustained to his or her person and/or his or her guests or invitees during or after their presence on the desired above-chosen rental facility.
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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY		
Organization Category _____	<input type="checkbox"/> Cash	Field Fee _____
Date Paid _____	<input type="checkbox"/> Check No. _____	Concession Fee _____
	<input type="checkbox"/> CC Receipt No. _____	TOTAL PAID _____