

uScore Soccer - Special Event Rental Application

Group/Organization			
Type of Event			
Requested Dates:	Hours of Use Includ	ing Set Up and Clean Up	
Primary Contact	Phone Number		
This person is responsible for payment:			
First Name	Last Name		
Street Address			
City	State	Postal Code	
Primary Phone	Secondary Phone	Secondary Phone	
Email			
Event/Usage Information:			
Name of Event			
Have you rented at uScore before? YES	NO		
Is your organization tax exempt? YES	NO		
Does your organization currently have insurance	ce? YES NO		
All special events that are not covered by the $\boldsymbol{\iota}$ as an insured venue.	uScore Insurance Policy must provide	a certificate of insurance that lists uScore Soccer	
Sports (if applicable)			
If "other" event, please state:			
Facility Needs: Main Field Small	I Field Futsal Court	Party Room Full Facility	
Expected Number of Participants per Hour	Expected Number of Sp	pectators per Hour	
		t. Please List and Describe. Any object that will be chairs, goals, sticks, special footware, displays,	
Please list any other comments, concerns, or s	special needs.		
If you choose to, please list the price range tha	at you are working with for the full ren	tal.	

**This is not a rental agreement. This is an application for a Special Event. A completed Rental Agreement and Payment are required for booking.