



City of Little Falls Field Rental Request Form

Organization/Team/Group Name: _____

Age Group: _____

Dates & Times: _____

League Affiliation (if any): _____

Organization Mailing Address: _____

Organization Email: _____

Primary Contact: _____

Primary Contact Phone Number: _____

Additional Information: _____

Field Use Fees:

Fields 1 & 3: \$50.00/per month (April 1-July 31)

Field 2 with lights: \$56.25/per month (April 1-July 31)

Field 4 \$25.00/per month (April 1-July 31)

Main Field: \$250.00/per day*

Proof of insurance (i.e.: certificate of insurance) must be provided listing the City of Little Falls as: "Additional Insured".

Please mail request form, agreement, certificate of insurance and check (payable to City of Little Falls) to:

Board of Public Works

Attn: Patricia Sklarz

659 East Main Street

Little Falls, NY 13365

315-574-5245

psklarz@cityoflittlefalls.net

*For low income youth groups, please contact the Board of Public Works for more information.