

HAWAII COMMUNITY DEVELOPMENT AUTHORITY

SPORTS PERMIT APPLICATION

Answer all sections of this application completely; incomplete applications will be returned. Return completed applications to HCDA (fax 594-0299). Attach copies of your leagues guidelines and by-laws.

HCDA will contact you for more information or for permit pick-up. Within 15 days of receipt of permit, a full schedule of games/events must be submitted to HCDA. No permits will be granted unless this application is signed

Section I Applicant	1a. Name of Applicant _____ 1b. Organization (if any) _____ 2. Mailing Address: _____ 3. Phone: Day time (____) _____ Home/cell phone: (____) _____ 4. E-mail address _____
Section II Permit Information	1. Is Application for (check one): Game ___ League ___ Tournament ___ School ___ 2. If for School (check): Elem ___ JHS ___ HS ___ College ___ Public ___ Private ___ 3. Sport: Softball ___ Football ___ Soccer ___ Frisbee ___ Cricket ___ Other _____ 4. Area desired: (If requesting permits for multiple fields, please fill out separate applications) First Choice _____ day of the week: Su M Tu W Th F Sa Start date ___/___/___ End date ___/___/___ Start time: _____ End time: _____ Second Choice _____ day of the week: Su M Tu W Th F Sa Start date ___/___/___ End date ___/___/___ Start time: _____ End time: _____
Section III League/ Team	1. Name of League/Team: _____ 2. Age (check one): Are any players/participants over 18? Yes ___ No ___ 3. How long has the league/team received permits _____ years. List previous year's permit # _____ 4. What type of league (check one): Association ___ Corporation ___ Independent ___ Municipal ___ Other ___ If Other, please describe: _____
Section IV Contact Information	Alternate Contact: _____ Home address: _____ Phone: Day time (____) _____ Home/cell phone (____) _____
Section V Background Information	1. Does the team pay membership to league? Yes ___ (Amount: ___) No ___ 2. Number of players per team: _____ Number of teams _____ 3. Number of referees per game: _____ Are the referees compensated? Yes ___ No ___ If the referees are compensated, by whom? _____ 4. Does the league provide any other services? Yes ___ No ___ If yes, please list: _____ 5. Number of spectators anticipated: _____ 6. Will there be sponsorship signage at the event? Yes ___ No ___ 7. Will there be vendors at the event? Yes ___ No ___ 8. Will the event be advertised? Yes ___ No ___ 9. Will you be utilizing amplified sound at the event? Yes ___ No ___ If yes, you must obtain a Special Use Permit from HCDA 10. Does your Organization have liability insurance? Yes ___ No ___ If so, what type? _____ 11. Have you made any provisions for on-site security service? Yes ___ No ___ If so, what type? _____ 12. Have you made any provisions for on-site medical service? Yes ___ No ___ If so, what type? _____

ALL APPLICANTS MUST BE EIGHTEEN YEARS OF AGE OR OLDER

As the Applicant, I hereby certify that the information I have provided on the form is complete and accurate to the best of my knowledge. I agree to abide by the terms set forth in this application and HCDA guidelines. I understand that failure to do so may lead to the cancellation of the event, the denial of future permit applications, or other action by HCDA.

SIGNATURE OF APPLICANT