



SPORTS LEAGUE INFORMATION

LEAGUE NAME: _____

DATE: _____

SEASON:

SPRING

SUMMER

FALL

ENROLLMENT:

SPRING: _____

SUMMER: _____

FALL: _____

FEES CHARGED PER SEASON:

SPRING: _____

SUMMER: _____

FALL: _____

ESTIMATED EXPENSES:

UNIFORMS:

UMPS/REFS/STAFF:

AWARDS:

MAINTENANCE:

EQUIPMENT:

OTHER:

DO YOU OPERATE A CONCESSION STAND:

YES

NO

PLEASE ATTACH A SEPARATE LIST WITH ITEMS SOLD AND PRICES

DO YOU PLAN TO REQUEST PERMITS FOR SPECIAL

EVENTS/TOURNAMENTS THIS CALENDAR YEAR?

YES

NO

PLEASE NOTE: ADDITIONAL PERMIT(S) MUST BE SUBMITTED FOR SPECIAL EVENTS/TOURNAMENTS

CURRENT BOARD MEMBERS/OFFICE HELD:

DATE YOU LAST FILED TAXES:

AG ACCOUNT NUMBER (6 DIGITS)

PLEASE LIST ANY IMPROVEMENTS YOU WOULD LIKE TO MAKE WITHIN THE NEXT YEAR. INCLUDE ANTICIPATED FUNDING SOURCE:

PLEASE SUBMIT A COPY OF YOUR INSURANCE BINDER FOR THE CURRENT YEAR, LISTING THE TOWN OF SHARON AS ADDITIONALLY INSURED

