



Non-Profit Sports Facility Reservation Application

To be used by Non-Profit Organizations for Sports Facility Reservations.

2383 Maple Drive, Sister Bay, WI 54234 | p. (920) 854-4118

REQUIREMENTS

The materials must be submitted by April 1st of the current year. Applicants must attach their current 501(c)(3) determination letter as well as a Certificate of Liability Insurance for at least one million dollars that names the municipality as an additional insured. All payments for seasonal, recurring reservations must be made in full before the reservation date.

NON-PROFIT ORGANIZATION INFORMATION

Legal Organization Name:	EIN / Tax ID:
Organization Address:	
Representative Name:	Representative Title:
Email Address:	Phone Number:

RECURRING SEASONAL FACILITY RESERVATION REQUEST

Season Start Date:		Season End Date:	
Week Day	Start Time	End Time	Facility Requested (i.e. tennis/pickleball) and Quantity

Liability Insurance Certificate Attached?

☐ Yes (required for approval) ☐ Will provide if approved

CERTIFICATION AND AUTHORIZED SIGNATURE

The materials must be submitted by April 1st of the current year. Applicants must attach their current 501(c)(3) determination letter as well as a Certificate of Liability Insurance for at least one million dollars that names the municipality as an additional insured. All payments for seasonal, recurring reservations must be made in full before the reservation date.

Printed Name:	Title:
Date:	Authorized Signature:

SUBMIT TO: VILLAGE OF SISTER BAY ADMINISTRATIVE OFFICE • EMAIL: ADMINISTRATOR@SISTERBAYWI.GOV
THIS FORM MAY BE USED ALONGSIDE OTHER ONLINE RESERVATION SYSTEMS FOR ACTUAL COURT BOOKING AFTER APPROVAL.

ADMINISTRATIVE USE

RECEIVED: _____ STAFF: _____ APPROVED: ☐ YES ☐ NO ☐ PENDING FEE/WAIVER: \$ _____ NOTES: _____