

RIPKEN STADIUM MANAGEMENT BOARD (RSMB)
USE OF FACILITY REQUEST FORM

Name of User (Licensee): _____

Address: _____

Contact Person: _____ Work Phone _____ Email _____

Date Requested: _____ Arrival Time: _____ Event Time: _____

Description of Event: _____

Anticipated Attendance: _____ Admission Fee: _____

Area of Premises Requested: Mezzanine _____: South Pavilion _____: Stadium Seating Area _____:

Picnic Area _____: Parking Lot _____: Other (describe) _____

Please Check the appropriate line: For Profit Use _____: Charitable Use _____: Private Use _____:

Name of Qualifying Charitable Organization, if applicable: _____

Do you want alcoholic beverages served by stadium licensee: _____ (No one day licenses are allowed)

What other services are needed (check if applicable): Food _____: Sound Amplifier _____:

Stadium Lights _____: Other (describe) _____

Name and telephone number of on-site contact person: _____

Special Requests: _____

Attach a separate sheet to this form if more space is necessary.

SEND COMPLETED FORM TO:

**RSMB
P.O. Box 70
Aberdeen, MD 21001**

Or FAX: 410-272-7402