



# BREC/BRSC FIELD USAGE PERMIT



Name of Organization/Association: \_\_\_\_\_

Name of Team[s]: \_\_\_\_\_

Requested Date/Time of Field Use: \_\_\_\_\_

**BREC/BRSC Classification (circle one):    B    C    D    E**

**Classification C Certification** as to 51% EBR Player Residency:                       Yes     No

**Classification C Certification** as to LSA Registration:                                       Yes     No

**Classification D Certification** as to LSA Affiliation:                                       Yes     No

**Classification C & D Users:** All required evidence submitted?                       Yes     No

**Classification E Users:** All required insurance information submitted?             Yes     No

**Classification B Users:** Desired Practice Times and Fields: \_\_\_\_\_  
\_\_\_\_\_

**Other Notes/Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FIELD USAGE PERMIT APPLICANT:

\_\_\_\_\_ Name (*please print*)                                      \_\_\_\_\_ Signature

\_\_\_\_\_ Contact Number                                      \_\_\_\_\_ E-mail                                      \_\_\_\_\_ Date

**—— FOR BRSC OFFICE USE ONLY ——**

**Estimated Fee of \$ \_\_\_\_\_ has/has not been paid at the time of application.**

This Field Usage Permit Applicant's request has been:

Approved

Not Approved

Failure to approve is based upon the following deficiencies in the application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
BRSC Authorized Signature

\_\_\_\_\_  
Date