

City of Pittsburgh

Department of Public Works: Permit Office

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GAME AND PRACTICE ROSTER

Field/Court Name: _____ Month(s): _____

Applicant Name: _____ Name of Organization: _____

Primary Phone Number: _____ Email Address: _____

Last Name	First Name	Address	City	State	Zip Code	Phone Number	Age

****If you are unable to submit a request or send inquiries via the form, phone or email, in-person reservations will be done by appointment only.***