

Minnesota Park and Sports Turf Manager's Association  
**FIELD OF THE YEAR AWARD**

**SPONSORED BY TURFCO MANUFACTURING**

**ENTRY FORM**

Please PRINT CLEARLY or type in information requested below. The entry form must include the following:

- Minimum five (5) 5" x 7" color photos of field and maintenance procedures - additional photos welcome
- Brief description of the field and this entry form.

**CRITERIA:**

- Located in the state of Minnesota.
- Resourcefulness of staff, budget, maintenance practices, challenges in the management of the athletic of the field.
- Condition & aesthetics of the athletic field.
- Number and type of games and/or events.
- Previous recipients may re-apply if all requirements / applications are met.

**WHO OWNS THE FIELD?**

- School
- Park District
- Agency

Name of Field / Complex: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Field category entered: \_\_\_\_\_

Age of field: \_\_\_\_\_ years. Annual field maintenance budget: \_\_\_\_\_

Name of person responsible for maintaining this field: \_\_\_\_\_

Contact person's phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of staff employed to maintain field \_\_\_\_ Overall staff number \_\_\_\_ Full Time \_\_\_\_ Seasonal

How many acres of athletic field do you maintain? \_\_\_\_\_ Total overall acres: \_\_\_\_\_

What type of irrigation: \_\_\_\_ Automatic \_\_\_\_ Manual \_\_\_\_ None

Does your field have sports lighting?  Yes  No

Type of equipment used to maintain your field: \_\_\_\_\_

Type of maintenance program you employ (fertilization, aeration, topdressing, seeding, etc.)\* \_\_\_\_\_

How many months and/or days of the year is your field used: \_\_\_\_\_

Number of games played on this field or throughout your facility: \_\_\_\_\_

What type of events and number of events are held on your field: \_\_\_\_\_

\_\_\_\_\_

What special maintenance challenges did you encounter?\* \_\_\_\_\_

\_\_\_\_\_

Why do you think your field is one of the best?\* \_\_\_\_\_

\_\_\_\_\_

\* Please include additional pages, if necessary to completely answer any question.

I \_\_\_\_\_ certify that the information on this form and in the accompanying entry is accurate to the best of my knowledge. I understand that no material will be returned to me and may be used, if I win an award for publication in the MPSTMA Newsletter.

Signature of Entrant: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed entries to:  
MPSTMA Awards Committee  
P.O. Box 617  
Wayzata, MN 55391

Deadline: October 15, 2011