



**CONOCOPHILLIPS SPORTS COMPLEX
Tournament Reservation Form**

City of Ferndale
P.O. Box 936 - 2095 Main St.
Ferndale, WA 98248

TOURNEY/EVENT NAME: _____ MONTH/YEAR: _____

DIRECTOR: _____ PHONE: _____

ADDRESS: _____ CITY/ZIP: _____

FIELDS RESERVED: 1 2 3 4

YOUTH MEN WOMEN COED FASTPITCH OTHER

TOTAL NUMBER OF GAMES: _____ TIMES: FROM _____ TO _____

PLEASE MAKE CHECKS PAYABLE TO: CITY OF FERNDALE

PRE-PAYMENT FEE (must accompany this form to confirm/hold tournament dates):

Adult Reservation Deposit (\$25.00 per field/per day requested) \$ _____

Youth Reservation Deposit (\$12.00 per field/per day requested) \$ _____

SUB TOTAL (#1) \$ _____

FINAL PAYMENT (to be paid prior to the start of the tournament):

Adult Field Reservation Fee (Per field, per day) \$100.00 x _____ Fields = \$ _____

Youth Field Reservation Fee (Per field, per day) \$50.00 x _____ Fields = \$ _____

Number of Games Using Lights \$10.00 x _____ Games = \$ _____

Midday Field Prep (Per field, per day) \$25.00 x _____ Games = \$ _____

Reservation Fee Credit (above) \$ < _____ >

SUBTOTAL (#2) \$ _____

(NO REFUNDS - RAINOUTS WILL BE RESCHEDULED)

Authorizing Signature

Date

Signature of Authorizing Department Personnel

Date

RECORD OF PAYMENT

SUBTOTAL #1 \$ _____ RECEIPT _____ DATE _____

SUBTOTAL #2 \$ _____ RECEIPT _____ DATE _____