CONOCOPHILLIPS SPORTS COMPLEX
Field Use Reservation Form
City of Ferndale
P.O. Box 936 - 2095 Main St.
Ferndale, WA 98248

TEAM/GROUP NAME: ____________________________ MONTH/YEAR: ____________

PHONE: (W)__________________________________ (H)________________________

ADDRESS: _________________________________ CITY/ZIP: _________________

CONTACT’S EMAIL ADDRESS: ____________________________

DATES: _______ _______ _______ _______ _______ _______ _______ _______

TIMES: _______ _______ _______ _______ _______ _______ _______ _______

FIELDS RESERVED:  □ 1   □ 2   □ 3   □ 4

□ YOUTH   □ MEN   □ WOMEN   □ COED   □ FASTPITCH   □ OTHER

PLEASE MAKE CHECKS PAYABLE TO: CITY OF FERNDALE

PRE-PAYMENT FEE: Must accompany this form to confirm/hold league games:

Total Adult League Games Played $15.00 x ___________ Games = $ ______________

Number of Games Using Lights $10.00 x ___________ Games = $ ______________

TOTAL= $ ______________

Total Youth League Games Played $ 8.00 x ___________ Games = $ ______________

Plus Number of Games Using Lights $10.00 x ___________ Games = $ ______________

TOTAL= $ ______________

(NO REFUNDS - RAINOUTS WILL BE RESCHEDULED)

Authorizing Signature ___________________________________________ Date

Signature of Authorizing Department Personnel ______________________________ Date

FOR DEPARTMENT USE ONLY: DATE PAID_________________________ CHECK_________________