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

PREF-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)

_________________________________________  Date

Authorizing Signature  

_________________________________________  Date

Signature of Authorizing Department Personnel  

_________________________________________  Date

RECORD OF PAYMENT

SUBTOTAL #1 $ ________________  RECEIPT ________________  DATE ________________

SUBTOTAL #2 $ ________________  RECEIPT ________________  DATE ________________

Updated 12/28/06