



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 _____