



TOURNAMENT FIELD RESERVATION FORM

City of Ferndale
PO Box 936 – 2095 Main Street
360-685-2369
Ferndale, WA 98248

TOURNAMENT/EVENT NAME: _____ DATES: _____

DIRECTOR: _____ PHONE: _____ CELL: _____

ADDRESS: _____ CITY/ZIP: _____

FIELDS RESERVED: C1 _____ C2 _____ C3 _____ C4 _____

TOTAL # OF GAMES: _____ START TIME: _____ ANTICIPATED STOP TIME: _____

YOUTH _____ MEN _____ WOMEN _____ COED _____ FASTPITCH _____ OTHER _____

CHECKS MADE PAYABLE TO: "CITY OF FERNDALE"

PRE PAYMENT FEE: Must accompany this form to confirm/hold reservations:

****All reservations must be confirmed 2 weeks prior to the event****

Total **Adult** Reservation Deposit.....\$25.00 x (per field/per day requested) \$ _____

Total **Youth** Reservation Deposit.....\$12.00 x (per field/per day requested) \$ _____

Sub Total #1: \$ _____

FINAL PAYMENT: Must be paid prior to the start of the tournament:

Adult Field Use Fee:

(\$18.00 per game with a \$100 per field, per day minimum)\$18.00 x _____ Games= \$ _____

Youth Use Fee (\$50 per field, per day)\$50.00 x _____ Fields= \$ _____

Plus number of Games Using **Lights**\$10.00 x _____ Games= \$ _____

Mid-Day Field Prep (Per Field, Per Day.....\$25.00 x _____ Fields= \$ _____

Sub Total #2: \$ _____

LESS RESERVATION DEPOSIT (**Sub Total #1**)\$ (_____)

TOTAL DUE:\$ _____

Signature Authorizing Tournament Official

Date

Signature of Authorizing Department Personnel

Date

DEPARTMENT USE ONLY - RECORD OF PAYMENT

DEPOSIT PAID \$ _____ RCPT # _____ DATE: _____

FINAL PAYMENT \$ _____ RCPT # _____ DATE: _____