



BASEBALL/SOFTBALL FIELD RESERVATION FORM

City of Ferndale
PO Box 936 – 2095 Main Street
Ferndale, WA 98248

Email form to Toni Segerman: Tonisegerman@cityofferndale.org or call 360-685-2369

GROUP/EVENT NAME: _____ DIRECTORS NAME: _____
PHONE: _____ EMAIL ADDRESS: _____

Attach a list of dates and times you would like field use.

P-66 FIELDS RESERVED: C1 _____ C2 _____ C3 _____ C4 _____

FIELDS RESERVED: P5 _____

SEASON START DATE: _____ END DATE: _____ TOTAL GAMES: _____

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

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

Total **Adult** League Games No Lights (C1-C4)\$35.00 x _____ Games = \$ _____

Total **Adult** League Games Using Lights\$60.00 x _____ Games = \$ _____

Total: \$ _____

Total **Youth** League Games No Lights (C1-C4)\$25.00 x _____ Games= \$ _____

Total **Youth** League Games Using Lights\$50.00 x _____ Games= \$ _____

Total **Youth** League Games (P5)\$25.00 x _____ Games= \$ _____

Total **Practice Fee** (2 hours) (P5).....\$20.00 x _____ Practice=\$ _____

NO REFUNDS – RAINOUTS WILL BE RESCHEDULED

TOTAL \$ _____

TOTAL DUE:.....\$ _____

INSURANCE REQUIREMENTS:

Renter agrees to obtain and maintain throughout the term of the event, at Renter’s sole cost and expense, Liability Insurance. Such insurance must provide limits of not less than \$1,000,000 for each occurrence. **The City shall be named as an “Additional Insured” and copies of the insurance “Certificate of Evidence of Insurance” showing the City as Additional Insured, and shall not be allowed to be canceled or materially changed.**

To obtain event insurance please go to <https://app.gatherguard.com>

Authorizing Signature Date

Signature of Authorizing Department Personnel Date

DEPARTMENT USE ONLY - RECORD OF PAYMENT – HKC 606

LEAGUE USE \$ _____ RCPT # _____ DATE: _____

HKC:606 \$ _____ RCPT # _____ DATE: _____

\$ _____ RCPT # _____ DATE: _____