



SOCCER FIELD RESERVATION FORM

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

Email: Tonisegerman@cityofferndale.org

GROUP/EVENT NAME: _____ DIRECTORS NAME: _____

PHONE: _____ EMAIL ADDRESS: _____

START DATE: _____ END DATE: _____

DAYS OF THE WEEK:(circle days) SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

FIELDS RESERVED: S1 _____ (can use lights from baseball fields)
S3 _____ (No lights)

ACCOMODATIONS _____

YOUTH _____ MEN _____ WOMEN _____ COED _____

CHECKS MADE PAYABLE TO: "CITY OF FERNDALE"

LEAGUE USE (1 – 2 HOURS)

S-1:

Total **Adult** Soccer Games Played.....\$45.00 x _____ Games = \$ _____

Total **Youth** Soccer Games Played.....\$25.00 x _____ Games = \$ _____

Total **Practice Fee** (2 hours)\$25.00 x _____ Practice= \$ _____

Total **Lights Fee** (\$25/hour)\$25.00 x _____ Hours = \$ _____

S-3:

Total **Adult** Soccer Games/Practice.....\$25.00 x _____ Game/Practice= \$ _____

Total **Youth** Soccer Game/Practice.....\$25.00 x _____ Game/Practice= \$ _____

Total: \$ _____

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>

Signature Authorizing Official Date

Signature of Authorizing City Personnel Date

**RECORD OF PAYMENT
HKC 606**

\$ _____ RCPT # _____ DATE: _____

\$ _____ RCPT # _____ DATE: _____