



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.

FIELDS RESERVED: C1 _____ C2 _____ C3 _____ C4 _____

FIELDS RESERVED: P5 _____

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

CHECKS MADE PAYABLE TO: "CITY OF FERNDALE"

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

Total **Adult** League Games (C1-C4)\$25.00 x _____ Games = \$ _____

Total Games Using Lights\$10.00 x _____ Games = \$ _____

Total: \$ _____

Total **Youth** League Games (**C1-C4**)\$25.00 x _____ Games= \$ _____

Total **Youth** League Games (**P5**)\$10.00 x _____ Games= \$ _____

Total **Practice Fee** (2 hours) (**P5**).....\$8.00 x _____ Practice=\$ _____

Total Games Using Lights\$10.00 x _____ Games= \$ _____

NO REFUNDS – RAINOUTS WILL BE RESCHEDULED

TOTAL \$ _____

LESS DEPOSIT/PREPAID FEES\$ (_____)

TOTAL DUE:.....\$ _____

Authorizing Signature Date

Signature of Authorizing Department Personnel Date

DEPARTMENT USE ONLY - RECORD OF PAYMENT

LEAGUE USE \$ _____ RCPT # _____ DATE: _____

\$ _____ RCPT # _____ DATE: _____

\$ _____ RCPT # _____ DATE: _____