



TOURNAMENT FIELD RESERVATION FORM

City of Ferndale
PO Box 936 – 2095 Main Street
360-685-2369
Ferndale, WA 98248
Email: Tonisegerman@cityofferndale.org

TOURNAMENT/EVENT NAME: _____ DATES: _____
DIRECTOR: _____ PHONE: _____ CELL: _____
ADDRESS: _____ CITY/ZIP: _____

P-66 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"
****All reservations must be confirmed 2 weeks prior to the event****

Total **Adult** Reservation Deposit.....\$35.00 x (per field/per day non-refundable) \$ _____
Total **Youth** Reservation Deposit.....\$25.00 x (per field/per day non-refundable) \$ _____
Sub Total #1: \$ _____

Adult Field Use Fee:
\$35.00 per game with a \$140 per field, per day minimum \$35.00 x _____ Games= \$ _____

Youth Use Fee
\$25.00 per game with a \$100 per field, per day minimum \$25.00 x _____ Games= \$ _____

Lights: Additional \$25 per field per game\$25.00 x _____ Games= \$ _____

Mid-Day Field Prep (\$100 Per Field, Per Day.....\$100.00 x _____ Fields= \$ _____
(Mandatory if over 5 games on any 1 field)

Sub Total #2: \$ _____
LESS RESERVATION DEPOSIT (Sub Total #1)\$ (_____)
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>

Signature Authorizing Tournament Official **Date**

Signature of Authorizing Department Personnel **Date**

DEPARTMENT USE ONLY - RECORD OF PAYMENT – HKC 606

DEPOSIT PAID \$ _____ RCPT # _____ DATE: _____
FINAL PAYMENT \$ _____ RCPT # _____ DATE: _____