FACILITY REQUEST/AGREEMENT FORM
TOURNAMENT AND LEAGUE RESERVATION FEES

_____

Requesting Organization Phone

_____

Organizational Representative Phone

_____

Address City State Zip Code

Date(s) Reserved: _____ Purpose: _____

Field:	Lights	No Lights	½ Day (6 hr max)	First Game:	Last Game:
Gubler 1	__$250	__$250	__$115		
Gubler 2	__$250	__$250	__$115		
Gubler 3	__$250	__$250	__$115		
Gubler 4	__$250	__$250	__$115		
LL North	__$105	__$105	__$105		
LL South	__$105	__$105	__$105		
Spence Gunn	__$125	__$125	__$125		
DATE OF DAY 1: _____			**Total Field Fees for Day 1:** $_____		
Gubler 1	__$250	__$250	__$115		
Gubler 2	__$250	__$250	__$115		
Gubler 3	__$250	__$250	__$115		
Gubler 4	__$250	__$250	__$115		
LL North	__$105	__$105	__$105		
LL South	__$105	__$105	__$105		
Spence Gunn	__$125	__$125	__$125		
DATE OF DAY 2: _____			**Total Field Fees for Day 2:** $_____		
Gubler 1	__$250	__$250	__$115		
Gubler 2	__$250	__$250	__$115		
Gubler 3	__$250	__$250	__$115		
Gubler 4	__$250	__$250	__$115		
LL North	__$105	__$105	__$105		
LL South	__$105	__$105	__$105		
Spence Gunn	__$125	__$125	__$125		
DATE OF DAY 3: _____			**Total Field Fees for Day 3:** $_____		
Gubler 1	__$250	__$250	__$115		
Gubler 2	__$250	__$250	__$115		
Gubler 3	__$250	__$250	__$115		
Gubler 4	__$250	__$250	__$115		
LL North	__$105	__$105	__$105		
LL South	__$105	__$105	__$105		
Spence Gunn	__$125	__$125	__$125		
DATE OF DAY 4: _____			**Total Field Fees for Day 4:** $_____		

Deposit $100 per Field/per League Reservation

Total Deposit: $_____

TOTAL FEES DUE: $_____

Signature:_____ Date: _____