



COLLEYVILLE PARKS AND RECREATION DEPARTMENT GAME FIELD RESERVATION

100 Main Street
Colleyville, Texas 76034
817.503.1180
817.503.1099 (Fax)
ColleyvillePARD.com

With my game field reservation of:

	<u>Residents</u>		<u>Non-Residents</u>	
<input type="checkbox"/> City Park	No Lights	\$50	No Lights	\$100
Baseball or Softball	Lights	\$80	Lights	\$180
<input type="checkbox"/> Pleasant Run	No Lights	\$50	No Lights	\$125
Soccer	Lights	\$80	Lights	\$175

I hereby assume that this property will be under my care, custody, and control on the following date and time listed below:

Reservation Date: _____ Reservation Time (2 hours): _____

Field #: _____ Will you require lights? _____

Number of attendees _____

At this time I am leaving a \$ _____ reservation fee.

I understand and will comply with **no alcoholic** beverages allowed.

I agree to clean-up and **dispose of all litter** properly, immediately after use.

I agree to reimburse the City for any and all damages incurred during reservation time and date.

I agree to release, absolve, indemnify and hold harmless the City of Colleyville, its employees, officials and all others arising out of this reservation agreement.

Name of Team 1: _____ Age Group: _____

Coach: _____ Address: _____ Phone: _____

Name of Team 2: _____ Age Group: _____

Coach: _____ Address: _____ Phone: _____

Name (please print): _____ DOB _____ Address: _____ City: _____ Day Time Phone #: _____ Evening Phone #: _____ Email: _____ Signature: _____	Emergency Contact Information (outside of home) Name _____ _____ Relation _____ Phone # _____
--	---

Refunds are available due to inclement weather, provided however, that a request for a refund is submitted to the Parks and Recreation Department, in writing, within one week of scheduled session. Failure to submit a timely request for a refund forfeits the refund. Rescheduling in lieu of a refund is permitted based upon availability of time slots. If there is a red flag on the park entry sign, the fields are closed due to inclement weather.

.....
 Credit Card Number: _____ Exp. Date: _____
 Cardholder Name (please print) _____
 Cardholder Signature _____