



## COLLEYVILLE PARKS AND RECREATION DEPARTMENT GAME FIELD RESERVATION

2512 Glade Road  
Colleyville, Texas 76034  
817.503.1180  
817.503.1194 (Fax)  
ColleyvillePARD.com

With my game field reservation of:

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

**\*ALL weekend field reservation requests must be submitted by 5:00p.m. on Thursday of the requested date.**

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: \_\_\_\_\_

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

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 Credit Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Cardholder Name (please print) \_\_\_\_\_  
 Cardholder Signature \_\_\_\_\_