

# MCKINLEYVILLE COMMUNITY SERVICES DISTRICT HILLER SPORTS COMPLEX RESERVATION FORM

## Responsible Individual/Organization Information

Name of Sponsoring Organization: \_\_\_\_\_ Non-Profit I.D. #: \_\_\_\_\_

Deposit Refunded To: \_\_\_\_\_  
NAME ADDRESS CITY PHONE

Responsible Individual: \_\_\_\_\_  
NAME ADDRESS CITY PHONE

## Requested Facility Use Date(s)\*:

*\*On-going usage requires an attached schedule and a Facility Use Agreement Contract.*

## Day(s) of the Week:

Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

### Please check (✓) and complete those areas applicable to your event:

Field(s) Requested	Facility Requested
<input type="checkbox"/> Field 1 (baseball, soccer)	<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Field 2 (baseball, soccer)	<b>Event Hours (use separate sheet of paper if necessary)</b>
<input type="checkbox"/> Field 3 (softball)	Set-up Time:    from _____ to _____
<input type="checkbox"/> Field 3B (softball)	Event Time:    from _____ to _____
<input type="checkbox"/> Field 3 (soccer)	Clean-up Time: from _____ to _____
<input type="checkbox"/> Field 4 (Babe Ruth)	<b>Event Services Requested</b>
<input type="checkbox"/> Field 4 (soccer)	<input type="checkbox"/> Field Preparation (Use Request for Field Preparation Form)
<input type="checkbox"/> Field 5 (north regulation soccer field)	<input type="checkbox"/> Clean-up Services
<input type="checkbox"/> Field 6 (south regulation soccer field)	<input type="checkbox"/> Insurance (if purchased through the District)

## Event Information

Do you intend to provide outside insurance coverage within the limits prescribed by MCSD?	<b>Yes</b>	<b>No</b>	
Alcoholic Beverages Served?	<b>Yes</b>	<b>No</b>	
Alcoholic Beverages Sold?	<b>Yes</b>	<b>No</b>	If yes, an ABC License is required
Admission charged for the Event?	<b>Yes</b>	<b>No</b>	
Food Served?	<b>Yes</b>	<b>No</b>	
Food Sold?	<b>Yes</b>	<b>No</b>	If yes, a Department of Health permit is required
Contributions Solicited:	<b>Yes</b>	<b>No</b>	

*\* Handicap accommodations must be requested at the time facility reservations are made.*

*\* There shall be no discrimination against or segregation of any persons in connection with the use of public facilities.*

*\* Event fees are due and payable 30 working days prior to the event date. Fees paid with less than 30 days must be paid in full by cash, credit card or money order. Checks will not be accepted less than 30 days prior to your event. Rental fees are fully refundable up to 30 days prior to the scheduled event. Cancellations less than 30 days prior to the event will result in \$20 administrative fee being deducted from the deposit.*

*\* District reserves the right to cancel events for failure to meet fee deadlines and event requirements.*

The undersigned, responsible individual, acting as representative of the organization entering into this agreement, certifies that the above information is correct, agrees to pay the required fees 30 working days prior to the event and meet all event requirements at least 5 working days prior to the scheduled event, agrees to obtain adequate insurance coverage for the event, including coverage from outside vendors, agrees to obey the rules and regulations as provided, and assumes full personal and financial responsibility for any damages sustained to the buildings, grounds, furniture, or equipment, and for the acts and conduct of all persons on premises at the time of the event.

The undersigned, responsible individual, and organization designated above jointly and severally agree to hold McKinleyville Community Services District, its employees, agents, volunteers, and any other person, firm or corporation charged or chargeable with responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of service, action and causes of action by any person or persons, for injuries to persons or loss or damages to property occasioned by or arising out of the use of the facilities, equipment and premises of the MCSD.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_