



**CITY OF HAYDEN
RECREATION & COMMUNITY EVENTS DEPARTMENT
FIELD RESERVATION**

Please complete this form and return (with payment) to:
8930 N. Government Way, Hayden, ID 83835
Phone: (208) 209-1080 Fax: (208) 772-6522

24-HOUR BUSINESS DAY ADVANCE NOTICE REQUIRED TO RESERVE A FIELD.

No ALCOHOLIC BEVERAGES, GLASS CONTAINERS OR ANIMALS ALLOWED IN ANY CITY PARK OR FIELD. PLEASE LEAVE THE AREA IN THE SAME CONDITION AS WHEN YOU ARRIVED. THANK YOU.

Company/Group Name: _____ Contact Person: _____

Date(s): _____ Phone: _____ Email: _____

Mailing Address: _____ City _____ State: _____ Zip _____

Time period for use _____ to _____ (Facilities available from 6:00 a.m. to 10:00 p.m.)

No. of people expected? _____ Electricity Needed? **Yes No**

Will there be concessions? **Yes No** *Please note: If there are concessions, the city's fee is 10% of the profit.

Will any type of amplification or speaker system be used? Yes (please complete loud speaker use request form) No

Type of Event

- ◆ Practice ◆ Game ◆ **Tournament***

FIELD FEES

Name of Facility <i>(Please check all facilities being requested)</i>	Amount
<input type="checkbox"/> Croffoot Field(s) #(s) _____	<input type="checkbox"/> \$8.00/hour, <input type="checkbox"/> \$25.00/day for Camps, <input type="checkbox"/> \$20.00/Team for Tournaments*
<input type="checkbox"/> Finucane Fields #(s) _____	<input type="checkbox"/> \$8.00/hour, <input type="checkbox"/> \$25.00/day for Camps, <input type="checkbox"/> \$20.00/Team for Tournaments*
<input type="checkbox"/> McIntire Family Park Main Field	<input type="checkbox"/> \$8.00/hour, <input type="checkbox"/> \$25.00/day for Camps, <input type="checkbox"/> \$20.00/Team for Tournaments*

TOURNAMENT FEES

Type of Fee	Amount	✓ if Needed
Deposit – Paid at Time of Reservation (will be returned <u>if fields and/or area do not need additional cleaning to restore the site to its original state</u>)	\$100.00	100.00
Number of Teams _____ (per submitted brackets)	\$20.00/Team	
One-Time Field Maintenance (before tournament starts)	\$20.00	
Additional Field Maintenance (Watering, dragging, etc.) No. of Hours _____ N/A _____	\$18.00/Hour	UNAVAILABLE
Lights (Croffoot only - if available)	\$30.00/Hour	

***Please note for tournaments – At Finucane Park, parking along Prairie Avenue in the bicycle lanes is prohibited and will incur parking tickets. Parking is allowed on the side streets on the south side of Prairie Avenue.**

Applicant's Signature _____ Date _____

(By signing this permit, groups, individuals, and applicants agree that they have reviewed the policies, rules and regulations governing the use of said facility and agree to be bound by the same. Reference City Ordinance 7-5-3 through 7-7-5-9)

FEE & SERVICE CALCULATION (office use only)

FIELD FEES: \$8.00/hour x No. of Fields _____ x No. of Hours _____ x No. of Days _____ = **TOTAL \$** _____

CAMP FEES: \$25.00/camp x No. of Days _____ = **TOTAL \$** _____

TOURNAMENT FEES: Deposit: \$100.00 + No. of Teams x \$20.00 _____ + = **Subtotal \$** _____

Additional Fees: One-Time Field Maintenance \$ _____, Additional Field Maintenance-\$15.00 x _____ hours = \$ _____

Lights-\$30.00 x _____ hours = **Additional Fees \$** _____

Subtotal \$ _____ + **Add'l Fees \$** _____ = **TOTAL TOURNAMENT FEES \$** _____

Approved by: _____ Date: _____ Receipt #: _____

- I acknowledge that I have read, understand and will abide by the Governor's May 1, 2020 Stay Healthy Order and have read the protocols by which youth activities are asked to follow, along with the mandatory social distancing and sanitation requirements. I agree to comply with Governor's Order and ensure all participants will comply with the Order. I agree that if the City determines myself and/or my participants are not in compliance with the Governor's Order, the City reserves the right to cancel/terminate this reservation.
- I acknowledge that there are many known and unknown dangers and risks associated with the use of the City's facilities, and I grant a general release for my participants and for myself, my heirs, executors, administrators and assigns, and I waive, remise and forever discharge and release the City and any and all elected or appointed officials of the City, and all officers, employees, volunteers, agents, insurers and any and all other individuals or entities affiliated with such persons, from any and all claims, several or otherwise, which can or may ever be asserted as a result of any injuries, damages, or communicable diseases sustained by me or by my participants during said use of the facility, including coming to and going away from the site.

I certify under the penalty of perjury pursuant to the law of the State of Idaho, that the foregoing is true and correct.

Signature

Date