



Date Received / /
 Rental Number

2014 Tournament Application

Contact Information
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 shazelbaker@spokanecity.org
 808 W. Spokane Falls Blvd.
 Spokane, WA 99202

Applicant/USER GROUP/Contact Information MUST BE FULLY COMPLETED TO BE

User Group Name:

Contact Name:	Phone Number:	Email:
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Address:

City:	State:	ZIP Code:
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Tournament Director:	Phone Number:	Email:
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User Group Affiliation

User Group National Affiliation:	User Group Name:
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User Group Address:

Phone:	E-mail:	Fax:
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Tournament Details

(Select One in Each Area)	<input type="checkbox"/> Recreation <input type="checkbox"/> Select/Premier	<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> SPRD <input type="checkbox"/> SPS <input type="checkbox"/> Other If other List:
<input type="checkbox"/> \$350 deposit enclosed?	# of Games _____ # of Fields Needed _____	<input type="checkbox"/> Charging for Admission?	<input type="checkbox"/> Additional Field Preps Needed? Every _____ games
<input type="checkbox"/> Selling Tournament Apparel?	<input type="checkbox"/> Score Clocks Needed <input type="checkbox"/> PA Needed	Base Length _____ Pitcher Length _____	<input type="checkbox"/> Posting Banners/Ads

Field Unit Requests

Location	Field	Dates	Day(s) of Week	Full Day or Half Day	Peripherals Used or Needed

Statement of Liability

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THE PROPOSED FIELD USE(S) AS STATED IN THE "ATHLETIC FIELD USE RENTAL GUIDE". I AGREE TO ABIDE BY THESE RULES, AND FURTHER CERTIFY THAT I AM ALSO FINANCIALLY RESPONSIBLE FOR ANY COST AND FEES THAT MAY BE INCURRED BY OR ON BEHALF OF THE EVENT TO THE CITY OF SPOKANE.
 I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY OF SPOKANE, ITS DEPARTMENTS, EMPLOYEES, AGENTS, OFFICERS AND VOLUNTEERS FROM ANY AND ALL LIABILITY IN ANY AND ALL MATTERS CONCERNING THESE FIELD USES.

Payment for all rentals due within 30 days of invoice date. Invoices will be sent out monthly.

I would like to receive information about upcoming events from the City of Spokane!	YES	NO
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Signature of applicant:	Date:
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Approval of Spokane Parks and Recreation:	Date:
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