

CITY OF CALLAWAY JOHN B. GORE PARK 432 BEULAH AVE, CALLAWAY, FL 32404

Type of event: Organization Name		
Organization Name		
Organization Name	::	
Email:		
<u> </u>		
Time Out:		
I		
AY FIELD USE RENTAL FEE	ES	
tional hours can be purchased af	ter sunset to 10 PM	
\$40.00 per hour	X	_ \$
\$200.00 8AM-Dusk	X	_ \$
\$40.00 per field	X	_ \$
\$45.00	X	_ \$
\$40.00 per hour	X	_ \$
\$250.00 8AM-Dusk	X	\$
\$125.00 per event	X	_ \$
\$125.00 8AM-Dusk	X	\$
\$250.00 8AM-Dusk	X	\$
\$40.00 (Up to 3 hours)		\$
\$40.00		\$
	Sub Total:	\$
	Sales Tax 3%	\$
	Grand Total:	\$
	Time Out: VAY FIELD USE RENTAL FEE OFTBALL, SOCCER, & FOOT tional hours can be purchased aff \$40.00 per hour \$200.00 8AM-Dusk \$40.00 per field \$45.00 \$40.00 per hour \$250.00 8AM-Dusk \$125.00 per event \$125.00 8AM-Dusk \$250.00 8AM-Dusk \$250.00 8AM-Dusk	Time Out: VAY FIELD USE RENTAL FEES OFTBALL, SOCCER, & FOOTBALL tional hours can be purchased after sunset to 10 PM \$40.00 per hour \$200.00 8AM-Dusk \$40.00 per field \$45.00 X \$40.00 per hour \$250.00 8AM-Dusk \$125.00 per event \$125.00 per event \$125.00 8AM-Dusk \$250.00 8AM-Dusk

Cancellations due to weather within the first two hours will receive another available date without charge. Cancellations made in writing 30 days or more in advance of the reserved date will receive a full refund less an administrative fee of \$45.00. Cancellations made in writing less than 30 days in advance of the reserved date will receive a refund equal to half of the rental fee. If cancelation occurs, the refund will take approximately 2-3 weeks to receive, via mail service.

Payment Received By: ______ Date: _____

CITY OF CALLAWAY FACILITIES USE INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

City Staff

CITY OF CALLAWAY LEISURE SERVICES DEPARTMENT 504 CALLAWAY PARK WAY CALLAWAY, FL 32404

Office: (850) 874-0031

RECREATIONAL COMPLEX

USAGE REQUEST FORM

(Please Print Clearly)

NAME: MR./MS./NON-PROFIT /GROUP:	
ADDRESS:	
CONTACT NUMBER:	
Dates Requested	
Fields Requested	
Times Requested	
Please list any special requirements such distance and lining requirements. Groom up etc	ing and lining of fields after initial set-
Client Signature:	DATE:

This form does not constitute a reservation. You will be contacted as soon as possible as to availability. A field use form and hold harmless agreement must be signed. Proof of liability insurance must be provided and all fees be paid before the dates and times are considered reserved.

CALLAWAY LEISURE SERVICES DEPARTMENT 500 CALLAWAY PARK WAY CALLAWAY, FL 32404

Office: (850) 874-0031

RECREATIONAL COMPLEX FACILITY & FIELD USE AGREEMENT

The purpose of this agreement is to allow for organizations other than the City of Callaway Recreational Leagues to utilize the Recreational Complex fields & facilities for structured activities.

- 1. Completion of a Usage Request Form for approval.
- 2. Completion of the Hold Harmless Agreement.
- 3. City of Callaway Field Use Fees form must be completed and payment received at least (10) days prior to the event. (Reservation is not confirmed until payment is made.)
- 4. The Organization is responsible for providing the City with a schedule including dates, times and field numbers or locations of events. Events must be scheduled to start no earlier than 8:00 a.m. and end by 11:00 p.m. After sunset there will be an additional hourly fee of \$30.00 per hour per field.
- 5. Approved Schedules for City of Callaway Recreational League play will take precedence over any other requests.
- 6. No use of tobacco products is allowed.
- 7. No food or drink sales are allowed unless an agreement is made with the City's Concession Vendor.
- 8. There is no consumption or sale of alcohol allowed except for pre-approved adult events that pay in advance the Additional Security Fee. The organizations representatives are responsible for complying with all Federal, State and local alcoholic beverages law if applicable.
- Anyone found in violation of City Policy or Code of Ordinance is subject to default on contract and may be banned from using City of Callaway Facilities.

Organization Name: _	
Client Signature:	Date

