

City of Decatur

Athletic Facility Rental Application

Facility Requested: _____

Tournament or Event Name: _____ Sanctioned: Yes ___ No ___

Sanctioning Body: _____

Name of Hosting Organization: _____

Address: _____

Contact Name: _____ Day Phone _____ Evening Phone _____ Cell _____

_____ Email _____

Alternate Contact Name: _____ Day Phone _____ Evening Phone _____ Cell _____

_____ Email _____

Desired Date of Event _____ Alternate Date _____

Desired Time of Event _____ Alternate Time _____

Age Group _____ Number of Teams _____ Level of Play _____

Name and Number of Fields Requested _____

How many years has event been held? _____ Location of event (Past Two Years) _____

Will there be an entry fee charged for this activity? Yes ___ No ___ **Gate Fee?** Yes ___ No ___

Is activity open to the general public? Yes ___ No ___ Do you plan to have outside vendors? Yes ___ No ___

SOCCKER FACILITY RENTAL FEES/TERMS

	Fee per Hour times # of Fields needed	Maximum Daily Fee	For Lights per hour/zone	Maximum Lights Fee per hour	Damage Deposit per game	Max Damage Deposit per day
Wilson Morgan	\$30	XX	\$20	XX	\$50	\$250
Point Mallard	\$50	\$750	\$20	\$80	\$50	\$750
Jack Allen	\$50	\$1500	\$20	\$200	\$50	\$1500

****Jack Allen has tables and chairs available upon request and approval. The cost is \$3 per table and \$10 per 50 chairs.****

****GAME FEES ARE BASED ON TOTAL TIME AT COMPLEX MULTIPLIED BY NUMBER OF FIELDS USED****

LIST FIELD DIMENSIONS

TERMS:

- A check for the security/damage deposit must accompany all applications.
- Application for use of a field must be received by the Parks and Recreation Department at least 30 days prior to the date of the proposed event.
- A check for the FULL amount of the fees MUST be received by the Parks and Recreation Department at least 7 business days prior to the event date.
- If a check for all of the fees is not received at least 7 business days prior to the date of the event, the security/damage deposit will be forfeited.
- The Security/Damage deposit will be refunded after the event as long as all fees have been paid and no damage has occurred to the complex.

Event Director Signature _____ **Date** _____

(To be completed by Decatur Parks and Recreation Department)

Deposit Fee \$ _____ Date Paid _____ Receipt No. _____ Rec'd By _____

Balance Due \$ _____ Date Paid _____ Receipt No. _____ Rec'd By _____

Refund Amt \$ _____ Date Submitted _____ By _____