

# MCKINLEYVILLE COMMUNITY SERVICES DISTRICT

## HILLER SPORTS COMPLEX RESERVATION FORM

**Requested Facility Use Date(s):** \_\_\_\_\_ **Day(s) of the Week:** \_\_\_\_\_

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

**Requested Facility** – (On going usage requires an attached schedule and a Facility Use Agreement Contract.)

<input type="checkbox"/> Field 1 (baseball, soccer)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Event Hours (use separate sheet of paper if necessary)</b>
<input type="checkbox"/> Field 2 (baseball, soccer)		Set-up Time: From _____ To _____
<input type="checkbox"/> Field 3 (softball)		Event Time: From _____ To _____
<input type="checkbox"/> Field 3 (soccer)		Clean-up Time: From _____ To _____
<input type="checkbox"/> Field 4 (Babe Ruth)		
<input type="checkbox"/> Field 4 (soccer)	<input checked="" type="checkbox"/>	<b>Event Services Requested</b>
<input type="checkbox"/> Field 5 (north regulation soccer field)		Field Preparation (Use Request for Field Preparation Form)
<input type="checkbox"/> Field 6 (south regulation soccer field)		Clean-up Services

### 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		

### EVENT INFORMATION:

Type of Event: _____		Estimated Attendance: _____		Age Group: _____	
Do you intend to provide outside insurance coverage within the limits prescribed by MCSD?      Yes      No					
Alcoholic Beverages Served?	Yes	No			
Alcoholic Beverages Sold?	Yes	No	If yes, an ABC License is required		
Admission charged for the Event?	Yes	No			
Food Served?	Yes	No			
Food Sold?	Yes	No	If yes, a Department of Health permit is required		

- \* 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 10 working days prior to the event date.
- \* Rental fees are fully refundable up to 30 days prior to the scheduled event. Cancellations less than 30 days prior to the event may result in administrative fees 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 and meet all event requirements 10 working days prior to the 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: \_\_\_\_\_



### District Use:

BILLING INFORMATION:

FACILITY DEPOSIT: \$100.00 DATE PAID:            RECEIPT #:           

FACILITY RENTAL FEE: \_\_\_\_\_

FACILITY HOST FEE (MINIMUM OF 4 HOURS): \_\_\_\_\_

SPECIAL EVENT SERVICES (SET UP/CLEAN UP): \_\_\_\_\_

DISTRICT PROVIDED INSURANCE:

TOTAL AMOUNT DUE MINUS DEPOSIT: 18,218.77 AMOUNT TO BE BILLED: 18,218.77

PAYMENT DUE DATE: \_\_\_\_\_ PAYMENT RECEIVED: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

**PERMITS/INSURANCE NEEDED:**

ABC License is required: YES NO Date received: \_\_\_\_\_

A Department of Health permit Required: YES NO Date received: \_\_\_\_\_

Insurance provided by the District: YES NO

Outside insurance provided

naming MCSD as additionally insured: YES NO Date Received: \_\_\_\_\_

A Written Security Plan needed: YES NO Date received: 01-18-2021

**Special Request:**

Needs power turned on: \_\_\_\_\_

Post reservation signs: \_\_\_\_\_

Fax contract to Sheriff's Office: \_\_\_\_\_

Notes: