

# Municipal Ball Field Reservation Request

THIS IS A REQUEST ONLY - All requests with respective forms will be reviewed for approval. Requests are processed in the order they are received. Online Requests, please allow 2 business days for response to your request.

CITY OF PORT WASHINGTON PARK POLICIES - It is required that all applicants have reviewed and are aware of all park policies. They can be viewed at <https://portwashington.recdesk.com/Community/Page?pageId=10373>

## Applicant Information

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**Name (Required):** \_\_\_\_\_

**Address (Required):**

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Phone (Required):** (       ) - \_\_\_\_\_

**Email (Required):** \_\_\_\_\_

**City of Port Washington Resident (Required):**

*(Select only one option)*

Yes

No

## Reservation Details

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**Organization:** \_\_\_\_\_

*Port Youth Baseball, Lincoln Elementary, etc....*

**Type of Activity:** \_\_\_\_\_

*Baseball Game, Softball practice, Kickball Game*

**Please enter the Date(s) and Time(s):**

*If you would like to reserve multiple dates/times, please enter the values. Ex: Mondays and Tuesday 5pm-10pm May 1 - Aug 15*

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**Estimated Attendance #**  
**(Required):** \_\_\_\_\_

## Additional Details

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Select all that apply:

- |                                 |                                     |                                   |
|---------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Mens   | <input type="checkbox"/> Tournament | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Womens | <input type="checkbox"/> Game       | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Youth  | <input type="checkbox"/> Practice   | <input type="checkbox"/> Kickball |

## Fees

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**Select Fee:**

*(Select only one option)*

- City Resident | PREP \$60  
(includes grass-cutting, spike, drag, lines and bases)
- City Resident | NO-PREP \$40 (includes grass-cutting, spike, drag)
- Non-Resident | PREP \$80  
(includes grass-cutting, spike, drag, lines and bases)
- Non-Resident | NO-PREP \$60 (includes grass-cutting, spike, drag)

## Liability Waiver

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I, the undersigned, am 18 years of age or older, and understand and agree to abide by the City of Port Washington Parks & Recreation Department's Policies and Procedures (included on the reverse side of this form) for rental of park areas and facilities. I am aware that in renting a park area or facility for use by myself and/or other persons whom I invitee or allow to participate, I expressly assume all risk and legal liability and am waiving and releasing all claims for injuries, death, damages or losses which I and/or my invitees or participants may sustain as a result of such rental, event or activity (including, but not limited to, transportation services/vehicle operation, when provided). I do hereby fully release and discharge the City, its employees, officers, agents and sponsors from any and all claims for injuries, death, damages or losses that my minor child/ward or I may have or which may accrue to me, my minor child/ward, my family, my estate, my heirs and/or assigns, arising out of my rental or use of

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the park, public grounds, or facilities. I will instruct my group as to these Policies, Procedures, rules, terms and conditions of use, and ensure that they comply with the same.

**Today's Date (Required):** \_\_\_\_\_  
*mm/dd/yyyy*

**Applicant Signature (Required):** \_\_\_\_\_

## **Below this Line: RECREATION DEPARTMENT ADMINISTRATION ONLY**

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**Reservation Fee \$:** \_\_\_\_\_

**Payment Type (Cash, Check # or Credit Card):** \_\_\_\_\_

**Payment ID #:** \_\_\_\_\_

**Recreation Department Signature:** \_\_\_\_\_

**Recreation Department Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
*mm/dd/yyyy*