

Softball Tournament Permit

CITY OF POWELL

This permit must be filled out, signed, and returned to the City Hall at least one week before the tournament. All fees and deposits must be paid at the City Hall when the permit is turned in.

Name of applicant: _____

Address: _____ Phone: _____

Organization name (if any): _____

Tournament Name: _____ Tournament Dates: _____ #of teams: _____

Fields needed (**are fields with lights): Heart** _____ Bighorn** _____ Polecat _____ Pryor _____

Start Times: _____ Lights Needed: _____ YES _____ NO

Special requests: (base path lengths, etc.) _____

Will Beer be served/consumed? (If yes, you must complete an additional form 30 days prior.) _____ YES _____ NO

Beer/Malt Beverage/Catering Permit: \$50.00/day Deposit for alcohol \$100.00

Liability Declaration: The applicant agrees to hold the City harmless and to indemnify the City from any claim of damage whatsoever to person or property resulting directly or indirectly from such tournament, and agreeing to defend the City against any litigation in which the City may subsequently be involved as a result of any such damage or injury to personal property resulting directly or indirectly from the use of its facilities for such tournaments.

Dated: _____ By: _____ Signature: _____

Printed Name

Received copy of Guideline for Use of Softball Complex: _____ YES _____ NO

OFFICE USE ONLY

Fees are for a 2 day max tournament: Deposit: **\$250.00**

4 Fields	\$300	
3 Fields	\$225	\$ _____
2 Fields	\$150	
1 Field	\$100	

TOTAL FEES: \$ _____

Chalk: \$10** _____ # of sacks \$ _____

Diamond Dry: \$20** _____ # of sacks \$ _____

Deposit \$250.00

-materials _____

Refund _____

*Clean-up for deposit includes restrooms, parking lots, concession area, ball fields and outside the outfield fences.

**Material charges will be deducted from the deposit.

***If a City Employee is called in additional deposit will be kept at the discretion of the Parks Superintendent.

Refund approved: _____

Parks Superintendent

Forwarded for refund processing: _____, 20____ By: _____

Refund issued to: _____ Amount: _____ Check No: _____ Date Issued: _____

Address: _____

Initials: _____