

The Meadows Sports Complex Tournament Field Use Application



Name of Event: _____ Organization Name: _____
 Contact Person: _____ Phone Number: _____
 Contact Email: _____ Address: _____

Please select desired amenities below:

	Reserve	Lights	Mound	Temp Fence
Field Selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field #1 - 225'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field #2 - 225'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field #3 - 300'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field #4 - 350'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field #5 - Soccer	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Field #6 - Soccer	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Field #7 - Small Soccer	<input type="checkbox"/>	X	X	X

Dates: _____ From: _____ a.m./p.m. Until: _____ a.m./p.m.
 Hourly Rental: _____ Hours at \$15 per hour (2-hour min) = \$ _____
 Lights: _____ Hours at \$5 per Hour = \$ _____
 Daily Rental: _____ # of Fields _____ # of Days at \$85 per day = \$ _____
 Lights: _____ Days at \$15 per day per field = \$ _____
 Temporary Fencing: _____ # of fields at \$100 per field per tournament = \$ _____
 Portable Pitching Mound(s): _____ # of field at \$75 per field per tournament = \$ _____
 Total Estimated Amount Due = \$ _____ 25% Down Payment = \$ _____ Damage Deposit Due = \$ _____
Please note that a daily rental is for a 12-hour period, an additional charge will be assessed after the 12th hour.

I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, and if applicable on behalf of a minor or a person under disability of whom I am parent or guardian, hereby release, indemnify, covenant not to sue and agree to hold harmless release and forever discharge the Town and all other persons, council members, officers, officials, agents, employees, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the activities of and from any and all claims, demands, damages, actions, causes of action, or suits at law or in equity, of whatsoever kind or nature, for all injuries both to person or property resulting from or to result from activities.

Applicant Signature: _____ Date: _____
 Copy of policies and guidelines received _____ initials Proof of Insurance: _____

Please return complete application to:
 Town of Abingdon - Recreation Department
 P.O. Box 2495
 Abingdon, VA 24212
 Or email them to kpollard@abingdon-va.gov

*Please attach insurance policy with Town of Abingdon-Recreation Department listed as additionally insured.

Office Use Only

Date Received: _____ Date Approved: _____
 Staff Signature: _____

Pre-Event Reservation Fees:

Down Payment Received = _____ Date Received = _____ Damage Deposit Received = _____
 Balance Due on Date of Reservation: Remaining Balance = _____ Post Event: Balance Due = _____

*Credit card transactions may be subject to a convenience fee.