

CITY OF MOUNT CLEMENS

95 Eldredge, Mount Clemens, Michigan 48043 - (586) 469-6847 x515

MEMORIAL PARK BASEBALL FIELDS

RESERVATION FORM

Use of Memorial Park Baseball Fields is subject to all applicable codes, restrictions, and regulations of The City of Mount Clemens*PARK HOURS OF OPERATION ARE 7 A.M.-11P.M.* ADULT SUPERVISION IS MANDATORY* PARK ENTRANCE FEES CANNOT BE CHARGED FOR ANY REASON* SALE OF GOODS IS PROHIBITED* EXCESSIVE LOUD MUSIC OR NOISE IS PROHIBITED* NO GLASS, LIQUOR, OR DOGS ALLOWED INSIDE THE PARK* NO PARKING ON THE LAWN, PARKING PERMITTED IN DESIGNATED AREAS ONLY* OFF ROAD VEHICLES (ORV) CANNOT BE OPERATED WITHIN THE PARK

ANY USE OF ANY FIELD AT ANY TIME THAT IS NOT RESERVED FOR YOUR TEAM IS PROHIBITED

FIELD RENTAL FEES

Table with 5 columns: Description, Cost, No. Of Fields, Time, Set-Up. Rows include SINGLE (\$85.00, 1 field, 2 hours, one time only), WEEKENDS (\$130.00, per diamond per day, one time only), and ADDITIONAL SET UPS (CONTACT/CALL FOR PRICING).

(Multiple diamond usage may require a \$25 security deposit per field)

NO DATES WILL BE RESERVED UNTIL FULL PAYMENT IS RECEIVED

RESERVATIONS BASED UPON FIRST COME FIRST RESERVED

CANCELLATIONS ARE SUBJECT TO FORFEITURE OF PAYMENT

FOR ALL TEAMS REQUESTING APRIL, MAY, OR JUNE DATES, REQUESTS ARE DUE BY MARCH 1, 2024. DEADLINE FOR ALL PAPERWORK (INCLUDING INSURANCE) IS DUE BY MARCH 15, 2024.

FOR ALL TEAMS REQUESTING JULY THROUGH OCTOBER DATES, REQUESTS ARE DUE BY MAY 3, 2024. DEADLINE FOR ALL PAPERWORK (INCLUDING INSURANCE) IS DUE MAY 17, 2024.

Proof of liability insurance, shall name The City of Mount Clemens as an additional insured with coverage of at least \$1,000,000 for each occurrence and shall include an endorsement stating the following: "The City of Mount Clemens, including all elected and appointed officials and employees and all other individuals working on behalf of the City are named as additional insured and said coverage shall be considered to be the primary coverage rather than any policies and insurance or self-insurance retention owned or maintained by the City of Mount Clemens."

Individual/Group/Organization Name: _____
Adult (21 or Older) Activity Supervisor: _____ Driver's License #: _____
Full Address: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Date(s) and Time (s) Requested (attach detail if necessary): _____

