



2019
ATHLETIC FIELD AND SPORT COURT
TOURNAMENT/CLINIC/LEAGUE USE APPLICATION
RICHLAND PARKS AND PUBLIC FACILITIES (509) 942-7526
REVISED 7/18

Today's Date: _____ Tournament Name: _____

Type of Sport _____ Age Group _____

Organization/Individual Name: _____

Organization President: _____ Phone: _____

Organization Vice President: _____ Phone: _____

Organization Treasurer: _____ Phone: _____

Organization Email: _____

Tournament/League/Clinic Name: _____

Per Each Tournament/Clinic/League the Application and \$75.00 Admin Fee (Non-Refundable) shall be submitted to the Parks & Public Facilities Office, 500 Amon Park Drive, Richland or submitted online at Reserve@ci.richland.wa.us.
Payments made to: City of Richland.

Field Use Fees are required to be paid 15 working days prior to the first day of field use. Payment can be made at the Parks & Public facilities Office, 500 Amon Park Drive or online as described on your invoice.

Please Fill In the Appropriate Boxes Below

	Yes	No
• Will admission be charged	<input type="checkbox"/>	<input type="checkbox"/>
• Will alcoholic beverages be consumed? If yes, fill out separate contract and additional insurance will be needed. Please limit alcoholic beverages to the rented area.	<input type="checkbox"/>	<input type="checkbox"/>
• Will concessions, equipment, and/or novelties be sold? If yes, a Temporary Business License is required. Contact City of Richland customer service at 942-1104 for application or visit the City's website for an application.	<input type="checkbox"/>	<input type="checkbox"/>
• Will there be music? Please refer to RMC 9.16.045 for information regarding City of Richland Noise Ordinance. Any music or amplified sound is not allowed to travel outside the reserved picnic shelter to other general park users.	<input type="checkbox"/>	<input type="checkbox"/>
• Do you need power for your event? If existing available outlets are used, NO State Permit or State Inspection is required. Any lessee hookups requiring wiring into the City's equipment by "pigtail leads" or loose end wiring requires a <u>STATE Electrical Permit and Inspection.</u>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have large items that need to be delivered to the ballfield? Use of a wagon or wheeled hand-cart is suggested. <u>NO VEHICLES ON THE GRASS</u> RMC 9.22.070	<input type="checkbox"/>	<input type="checkbox"/>

Athletic Field Rental Fee

Resident

Lighted Field	\$14.00/hour
Non-lighted Fields	\$ 5.00/hour
Sport Court Fees	\$ 5.00/hour

Non-Resident

Lighted Field	\$18.00 /hour
Non-lighted Fields	\$ 7.00/hour
Sport Court Fees	\$ 7.00/hour

Tournaments, Leagues and Clinics Fees:

Event Support Staff at Sports Fields (Parks and Facilities Staff)	\$ 20.00 per hour
Maintenance Support @ Sports Fields (3 Maintenance Staff, min. 3 hours/per day)	\$ 58.50 per hour
Rec Staff Support @ Sports Fields (2 Maintenance Staff, min. 2 hours/per day)	\$ 20.00 per hour

Tournament, Clinic and Special Event ONLY RV Parking Fee:

RV Parking (1 RV per space)	\$ 10.00 per night
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Damage deposit (Sports Organizations and Tournaments) \$250 per complex

The damage deposit shall be used by the City to correct any damage caused by the Responsible Party including but not limited to: damage to a structure, fencing, scoreboard, bleachers, benches, etc.; excessive wear on the turf such that sections need to be replaced; damage to trees, shrubs and/or flowers; damage to the irrigation system. If costs associated with the damage repair exceed the amount of the damage deposit the City reserves the right to invoice the Responsible Party for the excess amount.

Application Fee- Per Tournament/Clinic

Tournament Admin Fee (Non-Refundable)	\$ 75.00
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Field rental rates do not apply to City of Richland sponsored events/activities or practice times associated with those events/activities.

You will be contacted within seven (7) working days to acknowledge receipt of your application, confirm field availability and to confirm the field use fee deposit. For individual and Sports organizations the field use fee deposit is required to be paid within five (5) working days of this contact.

The City will not place holds on fields and the reservation/use is only confirmed upon payment of the Use Fees.

Athletic Field/Sport Court Request

The City will program lights to turn on no later than 30 minutes prior sunset and will operate 15 minutes prior to and 15 minutes past the scheduled event time. Minimum lighted field request is 60 minutes.

Requested Day(s) and Date(s): _____

Day of the Week: _____ Start Time(s): _____ End Time: _____
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Field Use Type:

_____ Camp _____ Clinic _____ League _____ Tournament

Field/Court Requested:

Field Name: _____

_____ Field # 1 _____ Field # 2 _____ Field # 3

_____ Field # 4 _____ Field # 5

Court Name: _____

_____ Court #1 _____ Court # 2 _____ Court # 3 _____ Court # 4

Sand Courts: _____ Leslie Groves Park _____

_____ Red Court _____ White Court _____ Blue Court

Additional Requests:

Lights _____ Yes _____ No

Field/Court Prep _____ Yes _____ No

Goal Placement _____ Yes _____ No (If yes, please provide diagram/layout)

Field Striping _____ Yes _____ No (If yes, please provide diagram/layout)

Additional Requests: _____

Field Striping Fees:

Football Field:

Initial Setup	\$300.00 per field
Material	\$ 64.00 (8 gallons)
Touch Up Painting/Restripe	\$ 60.00 per field

Lacrosse Field:

Initial Setup	\$180.00 per field
Material	\$ 40.00 (5 gallons)
Touch Up Painting/Restripe	\$ 60.00 per field

Soccer Field:

Large and Small Field Initial Setup	\$120.00 per field
Large Field Material	\$ 48.00 (8 gallons)
Small Field Material	\$ 35.00 (4.5 gallons)
Touch Up Painting/Restripe	\$ 50.00 per field

The City will stripe fields every two weeks after the initial set up for leagues.

I hereby certify that I understand and agree to the above-mentioned terms and conditions.

Signature of Responsible Party

Date

OFFICE USE ONLY:

Date Application Received _____

Application Fee Received (if required) _____

Date Damage Deposit Received _____

Field Use Fee Amount _____

Field Use Fee Received _____

Certificate of Insurance Received _____

Approved By: _____

Date: _____