City of Fellsmere  
Ball Field Usage Reservation

Contact info:
Name: _____________________________________________________
Address: ___________________________________________________
___________________________________________________
Phone: __________________ Cell: _______________

Usage info
Nights requested:  M   T   W   Th   F   Sat   Sun   (circle)
Time requested:  _____________________________
_____________________________
Baseball field: _____________      Soccer field: ________________
Duration of Use: Starting date: __________ Ending Date: ___________
Number of players: _________ Average age of players: _______

Rules:
1. Adult supervision at all times for players under the age of 18. Initial:_____
2. Remove all trash from field and surrounding area to local park trash receptacle.
3. You can not use or interfere with other teams using fields on nights they reserved.
   Complaints of harassment or unscheduled usage will be investigated.
4. Ensure proper safety equipment is used to prevent injury
5. Must have a minimum of 9 players present on the field to maintain reservation of
   the field, and lights.
6. Lights will be provided upon request for the times requested.
7. 24 hour notification if you are not using the field. You may call the contact
   number listed below and leave a message with your Name, Date, and Time of the
   night you are not using the field so that the lights can be turned off.
8. 3 Nights of no show or less then minimum amount of players, and this reservation
   will be rescinded. This is an energy saving guideline.
9. Failure to follow these guidelines may result in lose of field usage for your team.
10. Public works/Recreation dept can update or change the above rules at any time it
    is deemed necessary to prevent damage/injury to equipment or players.
11. There is to be no modification of any field without PW approval.

By signing this form you ensure you will maintain and follow the above mentioned rules
while using the field.

Signature: __________________________     print name: _________________________

PW/Recreation Dept signature: _________________________________
City of Fellsmere
PW/Recreation Dept
21 S. Cypress St.
Fellsmere, Fl. 32958
(772)571-1902