



# COLLEYVILLE PARKS AND RECREATION DEPARTMENT REAGAN BALL FIELD PARK RESERVATION

2512 Glade Road  
Colleyville, Texas 76034  
817.503.1180  
817.503.1194 (Fax)  
ColleyvillePARD.com

With my reservation of Reagan Park:

	<b><u>Residents</u></b>	<b><u>Non-Residents</u></b>	
<input type="checkbox"/> <b>Baseball</b>	No Lights     \$35	No Lights     \$60	
	Lights         \$50	Lights         \$100	
<input type="checkbox"/> <b>Softball</b>	No Lights     \$35	No Lights     \$60	
	Lights         \$50	Lights         \$100	

I hereby assume that this property will be under my care, custody, and control on the following date and time listed below:

Reservation Date: \_\_\_\_\_ Reservation Time (2 hours): \_\_\_\_\_

Team Name: \_\_\_\_\_ Number of attendees: \_\_\_\_\_

Will you require lights? \_\_\_\_\_ At this time I am leaving a \$ \_\_\_\_\_ reservation fee.

I understand and will comply with no **alcoholic beverages** allowed.  
 I agree to clean-up and **dispose of all litter** properly, immediately after use.  
 I agree to reimburse the City for any and all damages incurred during reservation time and date.  
 I agree to release, absolve, indemnify and hold harmless the City of Colleyville, its employees, officials and all others arising out of this reservation agreement.

<b>Name (please print):</b> _____ <b>DOB</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>Zip:</b> _____ <b>Day Time Phone #:</b> _____ <b>Evening Phone #:</b> _____ <b>Email:</b> _____ <b>Signature:</b> _____	<b>Emergency Contact Information (outside of home)</b> <b>Name</b> _____ _____ <b>Relation</b> _____ <b>Phone #</b> _____
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Refunds are available due to inclement weather, provided however, that a request for a refund is submitted to the Parks and Recreation Department, in writing, within one week of scheduled session. Failure to submit a timely request for a refund forfeits the refund. Rescheduling in lieu of a refund is permitted based upon availability of time slots. If there is a red flag on the park entry sign, the fields are closed due to inclement weather.

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 Credit Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Cardholder Name (please print) \_\_\_\_\_  
 Cardholder Signature \_\_\_\_\_