



ARCHIE H. GUBLER PARK

GENERAL RESERVATION

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Purpose of Reservation: _____

General Reservation (No Field Prep Required) Deposit \$100.00 per Field

DATE OF DAY 1: _____

RESIDENT:

Fields Needed:	Lights	No Lights
___ Field 1	___ \$90	___ \$20
___ Field 2	___ \$90	___ \$20
___ Field 3	___ \$90	___ \$20
___ Field 4	___ \$90	___ \$20

NON-RESIDENT:

Fields Needed:	Lights	No Lights
___ Field 1	___ \$100	___ \$30
___ Field 2	___ \$100	___ \$30
___ Field 3	___ \$100	___ \$30
___ Field 4	___ \$100	___ \$30

Total Field Fees for Day 1: \$ _____

DATE OF DAY 2: _____

RESIDENT:

Fields Needed:	Lights	No Lights
___ Field 1	___ \$90	___ \$20
___ Field 2	___ \$90	___ \$20
___ Field 3	___ \$90	___ \$20
___ Field 4	___ \$90	___ \$20

NON-RESIDENT:

Fields Needed:	Lights	No Lights
___ Field 1	___ \$100	___ \$30
___ Field 2	___ \$100	___ \$30
___ Field 3	___ \$100	___ \$30
___ Field 4	___ \$100	___ \$30

Total Field Fees for Day 2: \$ _____

DATE OF DAY 3: _____

RESIDENT:

Fields Needed:	Lights	No Lights
___ Field 1	___ \$90	___ \$20
___ Field 2	___ \$90	___ \$20
___ Field 3	___ \$90	___ \$20
___ Field 4	___ \$90	___ \$20

NON-RESIDENT:

Fields Needed:	Lights	No Lights
___ Field 1	___ \$100	___ \$30
___ Field 2	___ \$100	___ \$30
___ Field 3	___ \$100	___ \$30
___ Field 4	___ \$100	___ \$30

Total Field Fees for Day 3: \$ _____

TOTAL FIELD DEPOSIT: \$ _____ **TOTAL FIELD FEES: \$** _____

Second Floor Conference Room Deposit \$100 per reservation

Daily Rental: \$50 (Resident) \$75 (Non-Resident)

OF DAYS: _____ RENTAL FEE: \$ _____

TOTAL DEPOSIT: \$ _____ **TOTAL FEE: \$** _____

Signature: _____ Date: _____