



## SPORTSPLEX APPLICATION

Fax form to 512-295-7149 or email to [sfletcher@ci.buda.tx.us](mailto:sfletcher@ci.buda.tx.us)

**FIELD(S) REQUESTED: PLEASE NOTE THAT RESERVATIONS MUST BE MADE A WEEK PRIOR TO THE REQUESTED DATE**

Softball Field: #1 #2 #3 #4 Recreational Field: #1 #2 #3 #4

**FIELD USE INFORMATION:** Date(s) of Rental \_\_\_\_\_ TYPE OF RENTAL: \_\_\_\_\_ Hourly \_\_\_\_\_ Daily \_\_\_\_\_ Tournament \_\_\_\_\_

Use Time: \_\_\_\_\_ to \_\_\_\_\_ (Fields are open 6am – 10pm. **NOTE: Fields have no lighting**).

### APPLICANT INFORMATION

Name \_\_\_\_\_ Organization Name (if any) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

### RENTAL FEES

| Description  | Resident Rate                                      | Non-Resident Rate | Total |
|--|--|-------------------|-------|
| <b>Practice Rentals</b>  |  |                   |       |
| (per field per hour)   | \$15.00  | \$20.00           |       |
| <b>Tournament/Special Event Rentals</b>                          | <b>MUST FILL OUT FORM---DAY RENTALS OR 8 HOURS</b> |                   |       |
| Deposit per field, per day (refundable and by separate check)    | \$50.00  | \$50.00           |       |
| Any one field per day  | \$150.00   | \$150.00          |       |
| Concession Sales (10% of gross sales) <b>NEED TO PICK UP KEY</b> | 10%  | 10%               |       |
| Gate Sales (20% of gross sales)                                  | 20%  | 20%               |       |
| Permits (Electric, Alcohol, or Sound)                            | \$10.00  | \$10.00           |       |

\* REFUND POLICY: Original reservation may be scheduled up to one (1) time prior to the date of the reservation. The deadline for rescheduling is noon of the preceding day. No refunds or credits, except as provided by policy, will be issued due to rain, or other reasons for not fulfilling the reservation. Refunds will be issued if written cancellation notice is received ten (10) days preceding the reservation date.

### PAYMENT METHOD

Visa MC Cash Check # \_\_\_\_\_ NOTE: \$2.75 processing fee is charged to pay via Debit/Credit cards.

Card# \_\_\_\_\_ Expiration \_\_\_\_\_ CVV# \_\_\_\_\_ Date Paid \_\_\_\_\_ Staff Initials \_\_\_\_\_

The undersigned, both individually and on behalf of the organization, agrees to defend, indemnify, and hold the City of Buda and its officers, employees, and agents harmless and free from any liability of any nature, including, but not limited to liability for damage or injury to any persons or property costs and attorney's fees arising out of or in connection with the use of the city recreational facilities regardless of whether the city was actively or passively negligent, either solely or contributory in connection with such liability. I certify that we have received and read the rules and regulations in the Buda Sports Complex Field policies and reservations. I, the undersigned, do hereby agree that we will abide by the policies governing the use of this facility and I will be responsible for any damages to the facility, furniture or equipment caused by the occupancy of our organization on the premises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date