

HEMPSTEAD CITY PARK FIELD RESERVATION FORM

LEAGUE OR TEAM NAME: _____

CONTACT NAME: _____

CONTACT TELEPHONE#S(H) _____ (W) _____

FIELD(S) ARE BEING RESERVED FOR THE FOLLOWING MONTHS, DAYS DATES, AND TIMES: (PLEASE NOTE THAT HEMPSTEAD LITTLE LEAGUE HAS PRIORITY DURING THEIR SEASON ON ALL PLAYING FIELDS)

MONTH(S) _____ DAY(S) _____ DATE(S) _____

TIME(S) _____

FIELD(S) TO BE RESERVED:

_____ MAJOR FIELD 220' AND/OR, _____ SR. FIELD 300"

DATE PAID: _____ RECEIVED OF _____ RECEIVED BY _____

THERE WILL ALWAYS BE A CHANCE THAT YOUR RESERVATION MAY GET CANCELED DUE TO RAIN-OUTS, OR WE MAY CANCEL YOUR RESERVATION DUE TO REVISIONS IN GAMES SCHEDULES. WE WILL ATTEMPT TO CONTACT THE NUMBER LISTED ABOVE FOR ANY SCHEDULING REVISIONS. IF THIS DOES HAPPEN, YOU WILL HAVE A CHOICE OF RESCHEDULING YOUR RESERVATION OR A FULL REFUND.

NAME/MAILING ADDRESS FOR REFUND CHECK: _____

AMOUNT OF RENTAL _____ ACCOUNT NUMBER - _____

PAVILION RESERVATION-NO DEPOSIT CONTACT NAME: _____

ADDRESS: _____ CONTACT TELEPHONE#S

(H) _____ (W) _____