



**CITY OF CASCADE  
CASCADE SPORTS PARK COMPLEX  
SOFTBALL TOURNAMENT APPLICATION**

Today's Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Event Date: \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ Hours: \_\_\_\_\_ .m. - \_\_\_\_\_ .m.  
DAY MONTH DAY MONTH FROM TO

**TERMS OF USE**

**I. FIELD RESERVATIONS & DEPOSITS**

A \$150.00 per day park reservation fee and \$150.00 refundable damage/clean-up deposit will be due within seven (7) days prior to the tournament. Failure to adequately clean-up will result in forfeiting deposit.

**II. INSURANCE**

Proof of ASA or USSSA liability insurance is required.

I, THE UNDERSIGNED, ACCEPT FULL FINANCIAL RESPONSIBILITY FOR DAMAGE TO PROPERTY AND EQUIPMENT.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

APPROVAL:

DISAPPROVAL:

\_\_\_\_\_  
Parks Director

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY			
Date Received:			
Payment Received:		Deposit Received:	
Post-Event Insp.:			
Deposit Returned:		Deposit Retained:	