



# CITY OF RACINE PARK TOURNAMENT RESERVATION APPLICATION

## Reservations available by:

- Visiting City of Racine PRCS office, 800 Center St, Room 127, Racine WI. Monday - Friday, 8 a.m. to 4:30 p.m.
- Emailing application to prcs@cityofracine.org (credit card payment by phone accepted)
- Call (262) 636-9131 for assistance

### STEP 1: APPLICANT/RESERVATION INFORMATION

Applicant's Name: \_\_\_\_\_ Organization (if any): \_\_\_\_\_  
 Applicant's Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Applicant's Telephone #: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_  
 Alternate Contact Name: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### STEP 2: RESERVATION DETAILS

Tournament Date(s): \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Tournament Level:  Level 0 (One Day/One Diamond)  Level I (One Day/Two Diamond)  Level II (Two Day/Two Diamond)  
 Level III (Three Day/Two Diamond)  Level IV (Three Day/Three Diamond)

Preferred Location(s):  Island N  Island S  Lincoln

Start Time (Include setup)

End Time (Include takedown)

	Start Time (Include setup)	End Time (Include takedown)
Day One		
Day Two		
Day Three		

### STEP 3: DEPOSIT REFUND INFORMATION

Make refund check payable to:

Applicant listed above.  Other (complete information below).

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### STEP 4: VERIFICATION/RELEASE OF LIABILITY

The applicant hereby certifies that all of the information provided above is true and correct to the best of his/her knowledge & understands falsification of information may result in termination of use/permit, revocation of partial or full deposit refund and furthermore could result in denial of future use of City parks &/or PRCS facilities. Applicant also certifies he/she has read & understands the park picnic policies & procedures.

The applicant hereby agrees to hold harmless and indemnify the City of Racine, its department, commissioners, officers, agents and employees in and from claims, actions, and judgements arising from personal injury or property damage caused by or resulting from the use of the park facility for which the permit is granted.

\_\_\_\_\_  
**Signature of Applicant & Responsible Adult**

\_\_\_\_\_  
**Date**

### STAFF ONLY:

Date of application: \_\_\_\_\_ HH#: \_\_\_\_\_ Rcpt#: \_\_\_\_\_ Clerk: \_\_\_\_\_