PARKS, RECREATION
& CULTURAL SERVICES

Date Received__/__/__

2025 Soccer Tournament Application

Contact Information

Felicia Laird (509)764-3806
flaird@cityofml.com
610 Yakima Ave
Moses Lake, WA 98837

Applicant/USER GROUP/Contact Information (MUST BE FULLY COMPLETED TO BE ACCPETED)			
User Group Name:			
Contact Name:	**Phone Number:**		**Email:**
Address:			
City:		**State:**	**ZIP Code:**
Tournament/Event Director:	**Phone Number:**		**Email:**

Tournament/Event Details			
(Select One in Each Area)	☐ **Recreation** ☐ **Select/Premier**	☐ **Youth** ☐ **Adult**	**Insurance** ☐
☐ **$25 Application Fee enclosed?**	**# of Games____** **# of Fields Needed _____**	☐ **Charging for Admission?**	☐ **Additional Field Prep Needed?** Every____ games
☐ **Selling Tournament/ Event Apparel?**	**Additional Info.:**		

Field Unit Requests

Location	Field # & Size	Dates	Day(s) of Week	Full Day or Half Day

Statement of Liability

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THE PROPOSED FIELD USE(S) AS STATED IN THE FIELD RENTAL GUIDE. I AGREE TO ABIDE BY THESE RULES, AND FURTHER CERTIFY THAT I AM ALSO FINANCIALLY RESPONSIBLE FOR ANY COST AND FEES THAT MAY BE INCURRED BY OR ON BEHALF OF THE EVENT TO THE CITY OF MOSES LAKE. I AGREE TO DEFEND, IDEMNIFY AND HOLD HARMLESS THE CITY OF MOSES LAKE, ITS DEPARTMENTS, EMPLOYEES, AGENTS, OFFICERS, AND VOLUNTEERS FROM ANY AND ALL LIABILITY IN ANY AND ALL MATTERS CONCERING THESE FIELD USES.

Payment for all rentals due within 30 days of invoice date.

Signature of applicant:	**Date:**
Approval of Moses Lake Parks, Recreation & Cultural Services:	**Date:**