CLEVELAND MUNICIPAL PARK
FEE WORKSHEET

Renter Name _____ Dates _____

Field Requested 1 2 3 **T-Ball** 1 2

Event Type Practice Tournament **Lights** Yes No

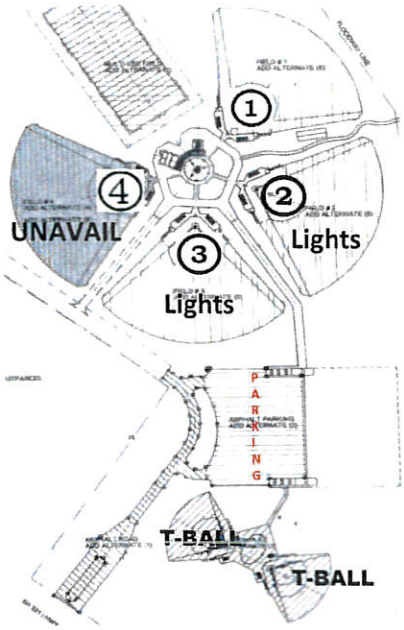
Usage Fees

Deposit $_____

Rental Fee $_____

Light Usage _____ $10/hr $_____

(2 hour minimum)



Total Fees $_____

Date _____ Check # _____ $_____ Balance $_____

Date _____ Check # _____ $_____ Balance $_____

Date _____ Check # _____ $_____ Balance $_____

Date _____ Check # _____ $_____ Balance $_____

Received by: _____

Notes

TIMES FOR LIGHTS: