

**T-CYSA COMPLEX  
FIELD/MEETING ROOM RESERVATION PERMIT  
NON T-CYSA ACTIVITIES**

6160 Burden Blvd, Pasco, WA 99301  
phone: 509-544-0276 fax: 509-542-0395  
email: [office@t-cysa.org](mailto:office@t-cysa.org) website: [www.t-cysa.org](http://www.t-cysa.org)

Requestor: \_\_\_\_\_ Request Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
Event: \_\_\_\_\_  
Event Date and Time: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_  
Reason (for office use only): \_\_\_\_\_  
Approved/Rejected by: \_\_\_\_\_ Date: \_\_\_\_\_

**MEETING ROOM**

1. Written request/authorization is required. An approved copy of the request form will be returned to the requestor authorizing the event, date and time and must be in their possession during the event.
2. Reservations can be made no more than 4 weeks in advance.
3. Room set-up is the responsibility of the user. Arrangements for access and set-up must be made with the office manager.
4. At the conclusion of the meeting all tables must be wiped down and chairs must be stacked and returned to the storage area. Garbage must be removed and dumped in the outside dumpster. The room must be vacuumed.
5. The office, storage, and concession area are strictly off limits, with the exception of returning tables and chairs to the storage area.
6. Children must have adult supervision at all times (inside and outside). An adult must make sure all children are picked up before leaving.
7. Before leaving, walk the exterior of the building and ensure all doors are locked.
8. T-CYSA reserves the right to refuse any request or may require a cleaning/damage deposit.

**EQUIPMENT REQUESTED FOR MEETING**

Tables \_\_\_\_\_ Chairs \_\_\_\_\_ Overhead Projector \_\_\_\_\_ TV/VCR \_\_\_\_\_ Other \_\_\_\_\_

**FIELD USAGE**

1. Written request/authorization is required. An approved copy of the request form will be returned to the requestor authorizing the event, date and time and must be in their possession during the event.
2. Reservations can be made no more than 4 weeks in advance.
3. No unauthorized vehicles are allowed on the fields or on the perimeter access road.
4. Complex fields are for SOCCER USE ONLY, education/development clinics, tournaments, and other special events as approved by the T-CYSA Board of Directors. League games will take priority over any other request.
5. Non T-CYSA use of fields may be asked to compensate T-CYSA for field preparation (field lining materials and labor).
6. Teams will provide their own nets and corner flags unless prior arrangement/agreements have been made/approved by T-CYSA.
7. **No pets allowed on fields at any time.**
8. For safety reasons please DO NOT TIP THE GOAL POSTS or allow children to hang from them.
9. Pick up all trash after field usage and place in dumpster.
10. T-CYSA reserves the right to refuse any request.

**HOLD HARMLESS**

My group or organization has had an opportunity to fully and completely examine the fields to be used and hereby acknowledge that they accept the fields in their current condition. We hereby acknowledge the inherent risks and dangers in playing soccer and the fact that there may be holes and uneven ground on the grass fields that could lead to player injuries. It is our responsibility to fully inspect each field and practice area. In the event that any player, coach, participant or fan are injured at the T-CYSA complex during our use of the complex field and facilities, we hereby agree to hold the T-CYSA, its agents, employees, directors and board members, harmless, defend and indemnify them from any and all claims, causes of action or lawsuits including but not limited to all attorney's fees, costs and expenses of litigation and any settlement or judgment. T-CYSA reserves the right to monitor any claims or litigation.

**Requestors must provide a current Certificate of Insurance naming T-CYSA as an additional insured of not less than \$1,000,000**

\_\_\_\_\_  
Signature of Authorized Representative of Group \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
T-CYSA Representative \_\_\_\_\_ Date \_\_\_\_\_ Certificate of Insurance Received (date & Initial)

**Approved request must be in your possession at all times or you will be asked to vacate the premises.**

Revised 4/12/2010