



Facility Contract/Schedule – Contract # _____ **Sport :** _____

Date: _____ **Contact** _____

Hourly rates: The Fieldhouse at Sparta – Full field - \$290/hour
2/3rd field - \$225/hour
Half field - \$175/hour
Third field - \$125/hour

Additional equipment charge: Batting Cage Nets - \$25/hour

_____(Initial) I/We will provide a list of all team members attending practices, and understand that all players are required to sign a Waiver prior to the first practice date. (Players under 18 years of age must have parent or guardian sign). Club teams will provide a copy of a Certificate of Insurance to The Fieldhouse at Sparta.

_____(Initial)I/We understand that no colored drinks, food or gum are permitted on playing field. Participants will not deliberately kick, throw, or misuse any equipment in a way that is beyond normal playing activity of the sport. Participants will not leave trash, water bottles, etc. in playing area.

_____(Initial) I/We agree to pay a 10% non-refundable deposit to besubmitted with contract agreement and will be applied to total due as stated in this contract. The Contact person listed is responsible for submitting payment for the balance due no later than 2 weeks prior to the first date of field usage (unless other arrangements have been made and stated herein).

_____(Initial)I/We agree that times and dates stated in attachment(s) are correct. The Fieldhouse at Sparta is not responsible for voluntary changes or cancellations made by renter, and will not give refunds for those changes unless other arrangements are agreed upon by Fieldhouse management. I/We further understand that should the facility need to close (weather or operational emergencies) every attempt to reschedule at a mutually convenient time will be made. Only weather delays or Fieldhouse closings will allow for rescheduling contract dates. I/We further understand that it is the contractor’s responsibility to call The Fieldhouse phone message line and listen to 102.3 WSUS for cancellations.

_____(Initial)I/We understand that if damage occurs to The Fieldhouse at Sparta caused by misbehavior of participants, the contractor will be charged for the repair costs. I/We understand that failure to pay for damages will result in non-refundable cancellation of the remainder of the contract.

Contractor/Organization Name _____ **Contact Name:** _____
Address: _____

Contact Phone Number: _____ **E-mail:** _____
See attachment for breakdown of charges.
Additional Equipment Fee: _____

10% due with signed contract unless other arrangements are made. Checks made out to: The Fieldhouse at Sparta
Mail signed contract and deposit to: 115 Sparta Ave., Suite 1, Sparta, NJ 07871

Balance Due: _____ **Amount Received:** _____ **Date:** _____

Signature: _____ **Date:** _____