

FIELD USE REQUEST FORM

CONTACT INFORMATION

Organization Name:					
Contact Person Name:					
Street Address:		City:		Zip Code:	
Home Phone:		Work Phone:		Fax:	
Email:					

FIELD USE

PARK	<input type="checkbox"/> Orange Grove	<input type="checkbox"/> Arroyo North	<input type="checkbox"/> Arroyo South	
SPORT/ACTIVITY	<input type="checkbox"/> Baseball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Other _____	
FIELD/BASEBALL	<input type="checkbox"/> Clarich	<input type="checkbox"/> Burke	<input type="checkbox"/> Nelson	<input type="checkbox"/> Arroyo South (T-Ball)
FIELD/SOCCER	<input type="checkbox"/> Arroyo North	<input type="checkbox"/> Field (1)	<input type="checkbox"/> Field (2)	<input type="checkbox"/> Arroyo South
REASON FOR REQUEST				
Will spectator be present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will picnic area be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will admission be charged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	▲ If Yes, a separate reservation is required. Please fill out a Park Reservation Application form.	

INSURANCE INFORMATION

Insurance Policy:	
Policy Holder:	
Policy Number:	

Required endorsement language to be listed as additional insured: ***"City of South Pasadena, its officials, employees and agents."***

OFFICE USE ONLY

Approved by: _____ Date: _____ Coordinator Supervisor Director
 Sportsman: _____ Insurance: _____ Approved Denied
 Notes: _____

DATES OF USE

WINTER

	DECEMBER	JANUARY	FEBRUARY
DATES			

SPRING

	MARCH	APRIL	MAY
DATES			

SUMMER

	JUNE	JULY	AUGUST
DATES			

FALL

	SEPTEMBER	OCTOBER	NOVEMBER
DATES			

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIME							

FEES

FIELD USE		LIGHT USE	
HOURS PER DAY	x	HOURS PER DAY	x
TOTAL DAYS	x	TOTAL DAYS	x
NUMBER OF FIELDS REQUESTED	x	NUMBER OF FIELDS REQUESTED	x
FIELD USE FEES (\$)	+	LIGHT USE FEES (\$)	+
FIELD USE SUBTOTAL (\$)	=	LIGHT USE SUBTOTAL (\$)	=
TOTAL DUE (\$)			

Note: As of Monday, April 6, 2020, we are only able to accept credit cards (subject to a [credit card fee](#) per transaction) or checks for payment.

DISCLAIMER AND RELEASE OF LIABILITY

Please be sure that the schedule reflects actual use. The Community Services Department has the authority to cancel or reduce use due to inclement weather or field conditions. Due to limited space, we recommend applications be submitted at least two (2) months prior to use. **Also, any permanent structure must be pre-approved via a formal approval process with the Parks & Recreation Commission.**

I agree to assume all risk and hazards incidental to such participation including transportation to said activity; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of South Pasadena, its employees, volunteers, and participants involved in such activity, for any such claim arising out of injury or property loss.

Signature of User: _____

Date: _____

OFFICE USE ONLY

Balance Paid: \$ _____ **Date:** _____

Cash Check Credit Card **Receipt #** _____ **Till #** _____ **Initials** _____