Parks and Recreation Department
323 Church Street
Santa Cruz, CA 95060
Ph: 831-420-5270 Fax 831-420-5271
www.santacruzparksandrec.com

Clear Form

USE APPLICATION FOR CITY ATHLETIC FACILITES

Park/Beach:_____

Field(s) /Court: _____

Date(s): _____

Times: *start* _____*end*_____

Purpose of Use (e.g. *games, practice, tournament, etc):*_____

Number of people expected: _____

Company/Organization (if applicable):_____

Non-Profit #_____

Applicant/Coach: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address:_____

Home phone: _____ Work/Cell phone:_____

Fax number: _____

Please indicate the following:

	YES	NO		YES	NO
Have you reserved with us before?	☐	☐	Will other equipment be used?	☐	☐
Will field lights be used?($20/ hour charge) (*Beach facilities excluded)*	☐	☐	*Please explain*_____		
Will amplified sound be used?	☐	☐			

I declare under penalty of perjury that I am the authorized representative of the organization (activity) listed on this application and that the information I supplied here in is true and correct. I have carefully read, considered, and agreed to abide by all rules and regulations shown on the reverse.

_____ _____
Applicant's Signature date

☐ *I agree to the above term and conditions.*

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