



**City of Foster City
Recreation Division**
650 Shell Blvd., Foster City, CA 94404
650-286-3379 (field use inquiries) / 650-286-3380 (general line)

Sports Field Rental Application

APPLICANT		
Name of Individual/Organization: _____		
Contact Name: _____	Telephone # () ()	Alternate Phone # () ()
Address: _____	Email: _____	
City/State/Zip Code: _____		
AREA REQUESTED		
SEA CLOUD PARK SCP Soccer Field (circle): S1 S2 S3 S4 S5 S6 S7 S8 SCP Baseball Field (circle): B1 B2 B3 B4 B5 B6 B7 B8 <div style="text-align: right;">Total Hours Requested: _____</div>	ALL OTHER SPORTS FACILITIES <input type="checkbox"/> Boothbay Softball <input type="checkbox"/> Brewer Island Gym <input type="checkbox"/> Boothbay Soccer <input type="checkbox"/> Bocce Courts <input type="checkbox"/> Edgewater Synthetic <input type="checkbox"/> Port Royal <input type="checkbox"/> Edgewater Grass <input type="checkbox"/> Other _____ Lights <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVENT INFORMATION		
DAY/TIME Date Requested: _____ Day(s) of Week (circle): Su M Tu W Th F Sa Event Hours: (includes set-up & clean-up time) Start Time: _____ am/pm End Time: _____ am/pm	EVENT TYPE <input type="checkbox"/> Game <input type="checkbox"/> Practice <input type="checkbox"/> Tournament <input type="checkbox"/> Other _____ ESTIMATED ATTENDANCE: _____	
EVENT DESCRIPTION: _____ _____ _____		

AGREEMENT FOR USE

Applicant hereby agrees to hold the Estero Municipal Improvement District, the Recreation Division, the City of Foster City, the individual members thereof and all District and City agents and employees free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of said facility. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damages sustained to the turf, lights, nets, tables, or equipment or damages sustained to the above shall be compensated within seven days. I realize that the reservation is granted with the understanding that the Department may cancel when the facility is needed for its own program. It is my responsibility to notify Recreation of any cancellation on my part. Permit must be shown upon request. I understand and agree to abide by all rules as outlined in the Athletic Field Use and Allocation Guide. *Submission of this form is not a guarantee for use.*

Applicant (print name): _____ Date: _____

Applicant Signature: _____

OFFICE USE ONLY

Date Rec'd: ____/____/____ Time Rec'd: _____ am/pm Rental Fees Rec'd: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Payment Type (circle)</i> Cash Check MC Visa Proof of Residency Rec'd: <input type="checkbox"/> Yes <input type="checkbox"/> No Rec'd by: _____	<div style="text-align: center;">FEES</div> Lights \$ _____ Rental Fee \$ _____ Deposit \$ _____ TOTAL CHARGES \$ _____
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