City of Foster City Parks & Recreation Department
Estero Municipal Improvement District
650 Shell Blvd., Foster City, Ca. 94404
(650) 286 – 3380

PARK AND FIELD USE APPLICATION

NAME OF INDIVIDUAL/ORGANIZATION: _____

FACILITY REQUESTED: _____

DATE(S) OF EVENT: _____ (Day of the Week), _____ (Month & Date), _____ (Year) **THROUGH** _____ (Month, Date & Year)

START TIME: _____ **END TIME:** _____

PURPOSE OF EVENT: __ Picnic __ Game __ Practice __ Tournament

ESTIMATED ATTENDANCE: _____ **SERVING ALCOHOL?** _____Yes _____No

USING INFLATABLES? _____Yes _____No
(If yes, see attached packet Pg.2)

Applicant hereby agrees to hold the Estero Municipal Improvement District, the Parks and Recreation Department, 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 the Department of any cancellation on my part. Permit must be shown upon request. I understand and agree to abide by the following park rules:

*It is prohibited to use public parks for private gain.
*Vehicles are not to be driven in parks except in designated parking lots.
*Facility users are responsible for picking up their own trash and for leaving the facility in the condition they found it.

_____ (Date) _____ (Print Name) _____ (Signature) _____ (Home Phone) _____ (Work Phone)

_____ (Street Address) _____ (City) _____ (Zip Code)

OFFICE USE ONLY

PARK USE FEE	$_____	DEPOSIT (If Required)	$_____
FIELD USE FEE	$_____	INSURANCE (If Serving Alcohol)	$_____
LIGHT USE FEE	$_____	**TOTAL CHARGES**	$_____

Received By _____ Approved By _____ Date Approved _____