



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

**USE APPLICATION FOR CITY
 ATHLETIC FACILITIES**

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: _____

Day phone: _____ Cell phone: _____

Email address: _____

Please indicate the following:

	YES	NO		YES	NO
Have you reserved with us before?	<input type="checkbox"/>	<input type="checkbox"/>	Will other equipment be used?	<input type="checkbox"/>	<input type="checkbox"/>
Will field lights be used? (\$5/ hour charge) <i>(Beach facilities excluded)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please explain</i> _____		
Will amplified sound be used?	<input type="checkbox"/>	<input type="checkbox"/>			

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