



Application for Use: Pleasanton Parks/Sports Fields

INSTRUCTIONS: Athletic fields and parks can be reserved only by submitting this application form to the Community Services Department, P.O. Box 520, Pleasanton, CA 94566, (925) 931-5340, www.cityofpleasanton.com/services/recreation. Please read "Field Information" Sheet.

This form will NOT be accepted MORE THAN 6 months in advance of the requested use date in order to be fair to all individuals and all groups making application, and to possibly preclude any scheduling problems which could arise from reserving sites too early. SPONSORED and other recognized Pleasanton organizations/programs have PRIORITY USE of the below listed park and athletic sites. (See priorities below.) All other NON-PROFIT and/or PRIVATE groups MAY be charged a staff and/or facility use fee if the application is approved. THERE ARE NO FEES FOR PLEASANTON RESIDENTS' INFORMAL USE OF PARKS and SCHOOL PLAY AREAS (e.g., picnics less than 25 people, kite-flying, pick-up games). RESIDENTS SHOULD BE AWARE OF AND HAVE RESPECT FOR RECOGNIZED ORGANIZATIONAL GROUPS' ASSIGNED USE OF ATHLETIC FACILITIES.

To reserve park or school areas check the proper site requested, then in the space provided, specify exact locations to be utilized. Also fill in dates (inclusive) and times desired.

Type of activity and estimated attendance is additionally requested.

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| <p><u>SCHOOLS</u></p> <p><input type="checkbox"/> Alisal School</p> <p><input type="checkbox"/> Amador Valley High School</p> <p><input type="checkbox"/> Donlon School</p> <p><input type="checkbox"/> Fairlands School</p> <p><input type="checkbox"/> Foothill High School</p> <p><input type="checkbox"/> Hart Middle School</p> <p><input type="checkbox"/> Harvest Park Middle School</p> <p><input type="checkbox"/> Hearst School</p> <p><input type="checkbox"/> Lydiksen School</p> <p><input type="checkbox"/> Pleasanton Middle School</p> <p><input type="checkbox"/> Walnut Grove School</p> | <p><u>PARKS</u></p> <p><input type="checkbox"/> Amador Valley Community Park</p> <p><input type="checkbox"/> Bernal Community Park</p> <p><input type="checkbox"/> Creekside Park</p> <p><input type="checkbox"/> Kottinger Community Park</p> <p><input type="checkbox"/> Muirwood Community Park</p> <p><input type="checkbox"/> Pleasanton Sports & Recreation Com Park</p> <p><input type="checkbox"/> Upper Pleasanton Fields</p> <p><input type="checkbox"/> Val Vista Community Park</p> <p><input type="checkbox"/> Other _____</p> |
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AREA/SITE REQUESTED: Please be SPECIFIC, for example: "Amador High School Varsity Diamond" "Sports Park" or "Softball Complex #1."

DATE(S): _____

TIMES: _____

TYPE OF ACTIVITY: _____

ESTIMATED ATTENDANCE: _____

DESCRIPTION OF EVENT (Be specific, i.e. Items brought in, BBQ, vendors, tents, amplified sound, other equipment):

I, the undersigned authorized representative or facility user, upon approval of this application, shall assume full responsibility and liability for any accidents or injury occurring to participants or caused by them and for all damage to property resulting from use of the requested Park /Sports Facility.

 (Authorized Signature) (Printed/Typed Name) (Date Signed) (Address Number & Street) (City and Zip Code)
 What % of your group are Pleasanton residents? _____ %

 (If Applicable, Name of Organization Representing) (Telephone Number) (Email)

Note: 1) All outdoor facilities are subject to CLOSURES during inclement weather (Weather Line – (925) 931-5360; www.pleasantonsports.org). 2) No motorized vehicles on any turf areas at any time. 3) Illegally parked vehicles will be cited by the Pleasanton Police Department. 4) Your copy of this application should be on hand at site of use. 5) Dates and times of use cannot be altered without staff approval. 6) No plastic tarps on turf.

Priorities: A – City/PUSD B – Co-Sponsored C – Resident D – Pleasanton Business E - Other

FOR OFFICE USE ONLY –

Date: _____	Supervisor: _____	Approved: Yes ___ No ___ Priority _____
Date: _____	Manager: _____	Approved: Yes ___ No ___
Fee: Waived Yes ___ No ___	Field Fee Amount: \$ _____	Insurance: Yes ___ No ___
	Optional Services/Equipment Fee: \$ _____	Date Paid: _____
		Received By: _____