



Facility/Field Reservation Information

FAX: (650) 522 - 7421



Field Application must be received *at least 10 business days* before requested date.

All payment and/or insurance must be received *at least 5 business days* before requested date.

This document is for collecting information for your facility reservation. *It is NOT an approval or confirmation of your request.*

APPLICANT Information:

Your Name (first and last): _____ Birth date: _____

Address : _____ San Mateo City Res.: Y or N
street address city zip

Phones: (home) (_____) _____ (mobile) (_____) _____ x _____

Email: _____

If you are Representing an ORGANIZATION or GROUP:

Organization Name: _____ Is organization non-profit? Y N

Organization address: _____
Street/PO address City Zip

Organization Phone: (_____) _____ FAX (_____) _____

Are you authorized to represent this organization? Y N Your organization title: _____

FIELD INFORMATION:

Facility/Field Requested: _____ Type of sport/event: _____

Date Requested: _____ Day of the Week: _____

I want to be admitted on the field/court: From _____ AM or PM to _____ AM or PM

Activity/Event Start Time: _____ AM or PM Ending Time: _____ AM or PM

Is the activity/event open to the general public? Y or N Max. Attendance _____

This activity is for: Youth or Adults (circle one) Youth Rentals Only- What is the age range? _____

Do you need to reserve Bocce Ball equipment? Y or N If YES, how many sets? _____

Would you like to reserve the 2 tables in the Bocce Court area, as part of your Bocce Court reservation? Y or N
(Please note: answering 'yes' will result in an additional charge of \$50.00.)

Are you selling anything, charging fees/admission, or soliciting donations? Y or N
If yes, please explain.

Other Special Requests: _____

My signature affirms all the above information is accurate and complete. If there are any changes in the above information after the permit is issued, I will immediately notify the Athletics Office.

Applicant Signature _____ Date Signed: _____