

**CITY OF FOSTER CITY**

Parks & Recreation Department  
650 Shell Blvd.

Phone: (650) 286-3392 / Fax: (650) 638-1936

**APPLICATION FOR USE OF  
PARKS OR PLAYFIELDS**

Facility(ies) Requested:

- Edgewater Softball Field \$25/hr Use of Lights \$25 hr
- Brewer Island Gym \$50/hr-Basketball
- Bocce Courts (#1 & #2) \$10/hr per Court
- Brewer Island Gym \$60/hr-Volleyball

Date: \_\_\_\_\_  
Day Date Year Time

Name of applicant: \_\_\_\_\_

Name of organization or team: \_\_\_\_\_

Nature of event (practice, game match, tournament, etc.) Explain in detail: \_\_\_\_\_

Estimated Attendance: Adults: \_\_\_\_\_ Youth: \_\_\_\_\_ Total: \_\_\_\_\_

**-RULES AND REGULATIONS-**

- ◆ 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.

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 it's own program. It is my responsibility to notify the Department of any cancellation on my part. PERMIT MUST BE SHOWN UPON REQUEST.

Signature of applicant Home address City Zip

Date Print name of person Home phone Business phone

Use Approved By Date

**FOR DEPARTMENT USE ONLY**

Use Fee \_\_\_\_\_ Deposit \_\_\_\_\_ Insurance \_\_\_\_\_

Field Charges @ \_\_\_\_\_ =\$ \_\_\_\_\_

Light Charges @ \_\_\_\_\_ =\$ \_\_\_\_\_ Total Due: \_\_\_\_\_

Date Received \_\_\_\_\_ By \_\_\_\_\_ Receipt No. \_\_\_\_\_