



City of Foster City
Parks and Recreation Department
100 Lincoln Centre Dr., Foster City, CA 94404
650-286-3549 (field use inquiries) / 650-286-3380 (general line)

Sports Facility Rental Permit Application

APPLICANT

Name of Individual/Organization: _____

Contact Name: _____

Telephone #

()

Alternate Phone #

()

Address: _____

Email: _____

City/State/Zip Code: _____

AREA REQUESTED

SEA CLOUD PARK

SCP Soccer Field (circle): S1 S2 S3 S4 S5 S6 S7 S8

SCP Baseball Field (circle): B1 B2 B3 B4 B5 B6 B7 B8

Total Hours Requested: _____

ALL OTHER SPORTS FACILITIES

☐ Boothbay Baseball

☐ Brewer Island Gym

☐ Boothbay Soccer

☐ Bocce Courts

☐ Edgewater Synthetic

☐ Port Royal ☐ Tennis Courts

☐ Edgewater Grass

☐ Other _____

Lights ☐ Yes ☐ No

EVENT INFORMATION

DAY/TIME

Date Requested: _____

Day(s) of Week (circle): Su M Tu W Th F Sa

Event Hours: (includes set-up & clean-up time)

Start Time: _____ am/pm End Time: _____ am/pm

EVENT TYPE

☐ Game

☐ Practice

☐ Tournament

☐ Other _____

ESTIMATED ATTENDANCE: _____

EVENT DESCRIPTION:

AGREEMENT FOR USE

Applicant certifies that he/she/it has reviewed and agrees to comply with the terms of the Athletics Field Use and Allocation Policy Guide, which is incorporated herein and made a condition of the permit to be issued by the City of Foster City. Pursuant to the terms of that Policy Guide, the applicant shall indemnify and defend the City of Foster City and the other indemnified parties against any and all 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, whose repair costs shall be paid to or reimbursed to the City of Foster City within seven days of invoice. I understand that any permit issued by the City of Foster City shall be cancelled for failure to provide proof of required insurance at least ten (10) days prior to the permitted rental use. The City may cancel the reservation for any of the reasons listed in the Policy Guide and I shall provide the required notice that I intend to cancel to the City. I shall show my permit upon request during the rental. *Submission of this form is not a guarantee for use.*

Applicant (print name): _____ Date: _____

Applicant Signature: _____

OFFICE USE ONLY

Date Rec'd: ____/____/____ Time Rec'd: _____ am/pm

Rental Fees Rec'd: ☐ Yes ☐ No Payment Type (circle) Cash Check MC Visa

Proof of Residency Rec'd: ☐ Yes ☐ No Insurance Cert/Endorsements Rec'd

Rec'd by: _____

FEES

Lights \$ _____

Rental Fee \$ _____

Deposit \$ _____

TOTAL CHARGES \$ _____