City of Foster City
Recreation Division
650 Shell Blvd., Foster City, CA 94404
650-286-3379 (field use inquiries) / 650-286-3380 (general line)

Sports Facility Rental Application

APPLICANT
Name of Individual/Organization:

Contact Name:	Telephone # ( )	Alternate Phone # ( )
Address:	Email:	
City/State/Zip Code:		

AREA REQUESTED

SEA CLOUD PARK	ALL OTHER SPORTS FACILITIES
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:____**	☐ 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	EVENT TYPE
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	☐ Game ☐ Practice ☐ Tournament ☐ Other_____ **ESTIMATED ATTENDANCE: _____**
	EVENT DESCRIPTION:

AGREEMENT FOR USE

Applicant hereby agrees to hold the Estero Municipal Improvement District, the Recreation Division, 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 its own program. It is my responsibility to notify Recreation of any cancellation on my part. Permit must be shown upon request. I understand and agree to abide by all rules as outlined in the Athletic Field Use and Allocation Guide. *Submission of this form is not a guarantee for use.*

Applicant (print name): _____ Date: _____

Applicant Signature: _____

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OFFICE USE ONLY