



**City of Foster City  
Parks and Recreation Department**

650 Shell Blvd., Foster City, CA 94404  
650-286-3379 (field, court and gym 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

<input type="checkbox"/> Brewer Island Gym  <b>Beach Volleyball Courts</b> <input type="checkbox"/> Catamaran <input type="checkbox"/> Boothbay  <input type="checkbox"/> Bocce Courts (Please Circle)    1 2	Please Circle Court(s) <input type="checkbox"/> Edgewater Tennis Courts    1 2 3 4 5 <input type="checkbox"/> Boothbay Tennis Courts    1 2 3 4 <input type="checkbox"/> Shell Tennis Courts    3 4 <input type="checkbox"/> Catamaran Tennis Courts    1 2 <input type="checkbox"/> Pickleball Courts    1 2 3 4 5 6
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### EVENT INFORMATION

<b>DAY/TIME</b> 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	<b>EVENT TYPE</b> <input type="checkbox"/> Game <input type="checkbox"/> Practice <input type="checkbox"/> Tournament <input type="checkbox"/> Other _____  <b>ESTIMATED ATTENDANCE:</b> _____  <b>EVENT DESCRIPTION:</b>
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### AGREEMENT FOR USE

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 its own program. It is my responsibility to notify the Department 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: \_\_\_\_\_

### OFFICE USE ONLY

Date Rec'd: ___/___/___    Time Rec'd _____ am/pm Rental Fees Rec'd: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Payment Type (circle)</i> Cash Check MC Visa    Proof of Residency Rec'd: <input type="checkbox"/> Yes <input type="checkbox"/> No Rec'd by: _____	<b>FEES</b> Lights    \$ _____ Rental Fee \$ _____ Deposit    \$ _____ <b>TOTAL CHARGES \$ _____</b>
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