

PARKS & RECREATION DEPARTMENT - Sports Facility Use Application

Submit To: <u>sports@cityofconcord.org</u>; (Please provide separate application for each location/park.)

		ORC	<u> SANIZA</u>	TION	NINFO	RM	IATION						
Organization					Webs	ite							
Address Ci					у				Sta	State			
Organization Phone # Email													
Authorized Agent 1					Authorized Agent 2								
First Name	Last Name				First Name La				Last N	ast Name			
Phone	Birthdate					Phone Birthdate							
Email					Email								
Address					Address								
City		State	Zip		City					State	Zip		
Facility Use Application	ns, Perm	nits and chang	es are to be	signed	and appro	oved l	by an Author	ized Age	ent liste	d with this app	plication.		
			U	SE DI	ETAIL	S							
Event/Team		Age	e Group			League Tourna	ne Play/Practice		☐ Yes ☐ Yes	□ No □ No			
	Admit 1 /m 1		-1	1 N.	□ V	1			Per person	\$	LI NO		
Is money being collected, in any way, for your event?	Admission/Ticket Sales] No 	□ Yes	11	If Yes, amount		u!	Per team	\$		
	Participation Fees ☐ No ☐			l Yes		If Yes, amount charge		d?	Per person Per team	\$ \$			
Activity/Sport										T CT tours	Ψ		
□ Soccer □ Baseball □ Fast Pitch □ Slowpitch □ Pickleball □ Tennis □ Lacrosse □ Bocce □ Other	Cambridge Park Concord Community Park Daniel E. Boatwright Fields El Dorado Middle School Highlands Park				Hillcrest Park John F. Baldwin Park Krueger Fields Meadow Homes Park Newhall Park					Westwood Elementary Willow Pass Park Ygnacio Valley Park Other			
	Small Field Number/Designation(s) (if applicable) Note: not all parks have multiple fields/facilities Small Large Field Number(s) Court Number(s)												
Use Start Date		Monday	Tuesd	lay	Wednesd	ay	Thursday	F	riday	Saturda	y S	Sunday	
Use End Date		Start	Start		Start		Start	Start		Start	Star	rt	
Use Skip Dates		End	End		End		End	End		End	End	i	
 Certificate of Insuran additional insured is re Limits of Coverage: E Personal Injury: \$1,000 Certificate Holder is: The coverage must be of liability without right 	ce and Equired foodily In (0,000 per City of correct or	for all permitte ijury:\$1,000,0 r occurrence Concord, 195 insurance as t	naming the ed facility us 00 per occur 0 Parkside I o the City of the City of	City of se. rrence / Drive, C f Concor	Concord, \$2,000,00 Concord, Cord. Compard or its ins	its of 00 agg CA 94 anies	fficers, officing strength of the strength of	<i>als, age</i> berty Da	mage: \$	51,000,000 pei	occurrer	nce;	
Date Received	Office U				Jse Only	se Only Permit #				Date Issued			
	га	Payment Due Dates								Date Issued			
Insurance Expires			1 ayıncın D	ue Date	3								
Additional Details													