

**RENTAL APPLICATION AND AGREEMENT**

Date: \_\_\_\_\_

Name of Organization/Responsible Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Street Address City Zip Bus. Phone #: \_\_\_\_\_

**FACILITIES REQUESTED**

**DUARTE SPORTS FIELDS:**

\_\_\_\_\_ Baseball Field  
 \_\_\_\_\_ Lights  
 \_\_\_\_\_ Softball Field "A"  
 \_\_\_\_\_ Lights  
 \_\_\_\_\_ Softball Field "B"  
 \_\_\_\_\_ Lights  
 \_\_\_\_\_ Softball Field "C"  
 \_\_\_\_\_ Lights  
 \_\_\_\_\_ Field Prep

**OTIS GORDON SPORTS PARK**

\_\_\_\_\_ Mt. Olive  
 \_\_\_\_\_ Lights  
 \_\_\_\_\_ Andres Duarte  
 \_\_\_\_\_ Lights  
 \_\_\_\_\_ Field Prep.

**BEARDSLEE PARK**

\_\_\_\_\_ Soccer Field  
 \_\_\_\_\_ Restrooms

**TENNIS COURTS (Circle one) BASKETBALL COURTS**

\_\_\_\_\_ Duarte Sports Park  
 \_\_\_\_\_ Royal Oaks Park  
 \_\_\_\_\_ Encanto Park

**DUARTE PARK**

\_\_\_\_\_ Skate Park

**ENCANTO PARK**

\_\_\_\_\_ Restrooms

Date/s of Use: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

**OTHER PARK SITE:**

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Purpose of Rental: \_\_\_\_\_

Estimated Attendance: Adults \_\_\_\_\_ Teens \_\_\_\_\_ Children \_\_\_\_\_ Total \_\_\_\_\_  
 Admission/Fee: \_\_\_\_\_ What will proceeds be used for? \_\_\_\_\_  
 Concessions Served? \_\_\_\_\_ Concessions Sold? \_\_\_\_\_

Facilities approval subject to conditions listed below:

- |                            |                              |
|----------------------------|------------------------------|
| 1. NO ALCOHOLIC BEVERAGES. | 4. No/Yes attendant on duty. |
| 2. Must do own clean up.   | 5. _____                     |
| 3. Use of own equipment.   | 6. _____                     |

I hereby certify that I shall be personally responsible on behalf of this group for any damage or unnecessary abuse of any building, grounds, or equipment growing out of the occupancy of said premises by our group. I agree to the conditions set forth in the approval of this application and further agree to abide by and enforce the rules and regulations of the City of Duarte. I certify that all above statements are true and correct. I understand that any misstatement or omission of a material fact may be sufficient cause for cancellation of use of the facility. I am aware that all fees are due and payable eight (8) working days in advance of the activity.

Signature of Applicant	Street Address	City	Phone
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**For Official Use Only**

Application Approved: \_\_\_\_\_ Application Denied: \_\_\_\_\_ Classification: \_\_\_\_\_

**Fees:** Rental Hours \_\_\_\_\_ @ \$ \_\_\_\_\_ \$ \_\_\_\_\_ **Deposit:** Amount: \$ \_\_\_\_\_ Rcpt. #: \_\_\_\_\_

Cleaning/Damage Bond \$ \_\_\_\_\_ Date Rcvd.: \_\_\_\_\_ Rcvd. By: \_\_\_\_\_  
 Miscellaneous Charges \$ \_\_\_\_\_ Bal. Due: \$ \_\_\_\_\_ Due By: \_\_\_\_\_

\_\_\_\_\_ **Balance Paid:**  
 TOTAL FEES \$ \_\_\_\_\_ Amount Rcvd: \_\_\_\_\_ Rcpt. #: \_\_\_\_\_  
 Date Rcvd: \_\_\_\_\_ Rcvd. By: \_\_\_\_\_

\_\_\_\_\_  
 Director of Parks & Recreation Department or Authorized Designate