

DUARTE SPORTS FACILITIES

Fields _____ 100-4407
Parks _____ 100-4404
Hockey _____ 100-4406

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

_____ Street Hockey Rink

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: \$ _____ Rec. # _____

Cleaning/Damage Bond \$ _____ Date Rcvd: _____ Rcvd By _____
Miscellaneous Charges _____ Balance Due: \$ _____ Date: _____

_____ Balance Paid:
TOTAL FEES \$ _____ Amount Rcvd: _____ Rec. # _____
Date Rcvd: _____ Rcvd By _____

Director of Parks & Recreation Department or Authorized Designate