



Parks & Recreation Department

Application for Use of City Facility

Subject to Rules and Regulations – **Effective August 10, 2020**

Complete and return to the office at least one week in advance of date of use.

Name of Organization/Team: _____

Contact Person: _____

Address: _____

City: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____

FACILITY DESIRED

Location (Park Site): _____

Type of Facility (Softball, Soccer, etc.) _____

Schedule of Use: Single Day Multiple Days

Days of the week: Mon Tue Wed Thur Fri Sat Sun

Dates of Use: _____ to _____

Hours of Use: _____ to _____

INFORMATION ABOUT USE

Purpose of Use: _____

Clean up provided by user? YES NO

Estimated Attendance: _____

Will funds be generated through the use of the facility request? YES NO

*Sale of Alcohol? YES NO

*Sale of Goods? YES NO

*Must have ABC or Business License and must be approved by the City. Alcohol allowed at specific locations only.

INSURANCE REQUIREMENTS

Concurrent with the execution of this Use of City Facilities permit, user shall provide evidence of liability insurance with a minimum amount of \$1,000,000 per occurrence with \$2,000,000 in general aggregate and a separate endorsement naming the City of Folsom, its officers, agents and employees as an additional insured. User further agrees to indemnify, defend and hold harmless the City of Folsom, its officers, agents, and employees against any claims, demands, damages, costs, expenses of whatever nature, including court costs and attorney fees arising out of or resulting from user's use of City of Folsom facilities.

STATEMENT OF INFORMATION

My signature below certifies that I have read the conditions as set forth by the City of Folsom governing the use of items specified above, that I and/or my organization/team will take full responsibility for seeing that the use of these facilities/areas by the organization/team/self I represent will be in full adherence and compliance with these conditions, that I/we will hold the City of Folsom harmless from any damages, claims for damage for personal injury or death, damage to, or loss of property incurred in the use of these facilities/areas.

Signature: _____

Print Name: _____ Date: _____

Return completed application to: Andy Morin Sports Complex
66 Clarksville Road
Folsom, CA 95630
Phone: 916-461-6650

City of Folsom Parks & Recreation Department Use Only

Approval Granted: ___ YES ___ NO

If no, reason: _____

Processed by: _____ Date: _____

Facility Use Fee: \$ _____ Field Prep Fee: \$ _____

Light Fee: \$ _____ Equipment Fee: \$ _____

Security Deposit (Amount): _____ Payment: ___ Check ___ Cash ___ Credit Card

Receipt #: _____

Received by: _____ Date: _____

Less Deposit: \$ _____

Outstanding Balance: \$ _____

Total Due: \$ _____

Payment (Amount): _____ Payment: ___ Check ___ Cash ___ Credit Card

Receipt #: _____

Credit Card Number #: _____

Expiration Date: _____ CVV #: _____

Cardholder Name: _____

Signature: _____

Certificate of Insurance Received: ___ YES ___ NO

Additional Insured Endorsement Received: ___ YES ___ NO

Business License: ___ N/A ___ YES ___ NO ABC License: ___ N/A ___ YES ___ NO