



**MISSION OAKS RECREATION AND PARK DISTRICT  
2016 ATHLETIC FIELD PERMIT APPLICATION**

**3344 Mission Avenue  
Carmichael, CA 95608  
916.588.6566**

**Payment Method**

Check ( number \_\_\_\_\_ ) Cash \_\_\_ Money Order \_\_\_ MasterCard/Visa \_\_\_  
Receipt # \_\_\_\_\_

**FACILITY REQUESTED:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Person in Charge of Activity:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Alternate Person in Charge:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Type of Activity or Event:** \_\_\_\_\_

**Single Event:** Date: \_\_\_\_\_ from: \_\_\_\_\_ AM/PM to: \_\_\_\_\_ AM/PM

**Serial Events:** From: \_\_\_\_\_ to \_\_\_\_\_ from: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
(Date) (Date)

***(Schedule of serial events or programs must be attached, or provided as soon as determined)***

Is this event open to the general public? Yes: \_\_\_ No: \_\_\_ Is there an admission charge? No \_\_\_ Yes \_\_\_  
Amount: \_\_\_\_\_

**Expected Attendance:** Adults: \_\_\_\_\_ Children (Under 18 years of age): \_\_\_\_\_

**Dates and times** when use of amplified sound (voice \_\_\_ and/or music \_\_\_) is requested:

\_\_\_\_\_

**FEES**

- \_\_\_ \$85: Single day reservation per field
- \_\_\_ \$500: \*Seasonal reservation per field for youth recreational programs
- \_\_\_ \$1,000: \*Seasonal reservation per field for youth programs that are select/competitive/instructional
- \_\_\_ \$1,000: \*Seasonal reservation per field for adult programs
- \_\_\_ \$10/hr: Added dates to existing youth seasonal reservations for special events that are not games (i.e.: trainings, photo days). A minimum charge of 4 hours per day applies. # Hours \_\_\_\_\_

\*NOTE: A season shall not exceed 5 months.

**INSURANCE**

Concurrent with the execution of this Athletic Field Reservation Application, the applicant shall provide Mission Oaks Recreation and Park District with a *Certificate of Insurance* with an endorsement naming the District as "additionally insured" for the minimum insurance requirements of \$1,000,000 Bodily Liability/Property Liability Combined Single Limit coverage.

**AGREEMENT (Read thoroughly before signing)**

Applicant and organization agree to be solely responsible for any and all liability, claims, loss, damages, costs, and expenses, including attorney's fees, arising from any injury to persons or damage to property which arise out of its use of District facilities. Applicant agrees to defend, indemnify, and hold harmless the District, its officers, agents, employees, and volunteers against any and all such claims, demands, causes of action, suits, and expenses arising out of or resulting from its use of the District's facilities. Applicant is responsible for control and supervision of the people in attendance during the use of the facility, and is subject to an additional and separate agreement addressing specific requirements, obligations, and responsibilities particular to the sport and site. Any violation of the District's rules and regulations will result in a denial of further reservations. Mission Oaks Recreation and Park District, its employees, agents, or officers may act as best fits the situation in an emergency.

The undersigned has received and read a copy of the District's rules and regulations concerning the use of District facilities and agrees to comply with them. The applicant or her/his representative agrees to be present during the entire period of use of the facility by the applicant organization. The applicant agrees to comply with the requirements of the Americans with Disabilities Act regarding access to or participation in the activity sponsored by the applicant.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print name of Applicant)

**FOR OFFICE USE**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ REASON: \_\_\_\_\_