



CLAYTON COMMUNITY PARK USE APPLICATION/PERMIT

(Seasonal Ballfield Use Only)

6000 Heritage Trail • Clayton, CA 94517

(925) 673-7300 • Fax (925) 672-4917

YEAR _____

Organization's Name: _____

Applicant's Name/Title: _____

Address: _____

Daytime Phone: _____ Cell Phone: _____

PLEASE ATTACH A LIST OF ALL FIELDS, DATES AND TIMES REQUESTED.

<u>Summary Request:</u>	Field # 1	Adult hours _____	Youth hours _____
	Field # 2	Adult hours _____	Youth hours _____
	Field # 3	Adult hours _____	Youth hours _____
	Field # 4	Adult hours _____	Youth hours _____
Total Hours Requested:		Adult hours _____	Youth hours _____

The undersigned hereby agrees to be responsible for the repair of any damage to the facility occurring during and by this use, and agrees to be responsible for the conduct of all persons attending this function. Applicant further agrees to execute the required City of Clayton Hold Harmless Agreement, and to submit to the City any required certificates of insurance. The undersigned has received a copy of the Park Use Policies and agrees to comply with the rules and regulations therein.

Signature of Applicant/Designated Official

Date

Hold Harmless Agreement: As applicant, or an officially authorized representative of the applicant, agree that as a condition of use of the City of Clayton Park Facilities, the applicant hereby agrees to, and shall defend, indemnify and hold the City of Clayton, its officials, officers, directors, employees, volunteers and agents harmless from and against any or all loss, liability, expense, claim, costs, suits and damages of every kind, nature and description, directly or indirectly, arising from usage or activities for which Community Park Use Permits are granted.

Signature of Applicant/Designated Official

Date

*****Rental Fees:** Please note: Rental fees are subject to change without notice. Rental fees for field use are non-refundable. For rain outs or City cancellations use may be rescheduled on alternate dates pending availability.

City Use Only:

Reservation Deposit: \$ _____

Receipt #: _____

Accepted by: _____

Date: _____

Ballfield # _____ : # hours _____ @ \$ _____ per hours = \$ _____

Ballfield # _____ : # hours _____ @ \$ _____ per hours = \$ _____

Ballfield # _____ : # hours _____ @ \$ _____ per hours = \$ _____

Ballfield # _____ : # hours _____ @ \$ _____ per hours = \$ _____

Total Fees \$ _____

Payment # 1 \$ _____

Receipt # _____

Payment # 2 \$ _____

Receipt # _____

Payment # 3 \$ _____

Receipt # _____

Payment # 4 \$ _____

Receipt # _____

Hold Harmless agreement signed.

Certificate of Liability Insurance

Copy of Identification (i.e. driver's license, photo ID)

Fees/Schedule accepted by: _____

Date: _____