

Los Altos Recreation Department Athletic Field Reservation

RE Han

Organization Name: AYSO 43
 Contact Person: STEVE BROCKSEN
 Address: 300 DEL MEDAO AVE. MENLO PARK, CA
 2nd Contact: JANE LOYBARD

Tax I.D. # (if applicable): _____
 Home Phone: 941-5509 Work Phone: 248-7311
 City, Zip: MENLO PARK 94020
 Home Phone: 948-3017 Work Phone: _____

Attach Separate Sheet(s) if needed. If applicable, please include League Schedule.

	Dates	Days	Start Time	End Time
Rosita	8/18/03 - 12/6	M-F - SATURDAY	3:30 8:00	PARK PARK
Hillview	8/30/03 - 11/29	SATURDAYS	8:00 - 12:00	

1. Reservation for: Rosita Park - Baseball _____ Rosita Park - Soccer X
 Grant Park _____ Hillview - Baseball _____ Hillview - Soccer X
 Fall/Winter Season (September - February) _____ Spring/Summer Season (March - August)
2. Los Altos Recreation Department programs have priority. All soccer activity at Hillview must be finished by 7pm due to productions in the Bus Barn Theater.
3. The soccer fields at Hillview, Grant & Rosita are closed annually for maintenance. No permits will be issued for the time periods in which they are closed. This affects the Hillview baseball field since our soccer programs are moved to the baseball field during this time.
4. Fields may not be used if weather conditions are wet or if the field is muddy.
5. Restrooms: Public restrooms are available at Hillview & Grant for your convenience. Please monitor during and after your use and clean-up as needed.
6. Alcohol is not allowed on or around athletic fields.
7. Rental fee is based on total hours of all practices and games multiplied by the hourly rate.
8. Make check payable to "City of Los Altos". Mail to: Los Altos Recreation Dept., Field Reservations, 97 Hillview Avenue, Los Altos, CA 94022

Applicant hereby agrees to hold the City of Los Altos, its governing board, the individual members thereof, and all City of Los Altos officers, agents and employees free and harmless from any loss, damage liability, cost or expense during or be caused in any way by such use of occupancy of City property. All applications shall bear the signature of a person 21 years or older who is a duly authorized representative of the organization or group making the request, and further the applicant agrees to reimburse the City of any loss or damage to City property caused by such use. I UNDERSTAND THAT THIS APPLICATION FOR USE IS NOT APPROVED UNTIL I RECEIVE A VERIFIED COPY. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO LEAVE THE FACILITY CLEAN. Failure to abide by above-stated rules may result in forfeiture of security deposit and/or cancellation of permit.

Signature: [Signature] Date: 7/21/03

Office use only
 Total Hours _____ x \$ _____ /hour = \$ _____ due Date/Time Received: _____

\$ _____ Total due Approved by: _____ Date: _____

GROUP PRIORITY: _____