



Sports Field Rental Application

ONLY SAN PABLO INCORPORATED RESIDENTS ARE ELIGIBLE FOR RESIDENT RATES

Facility Requested (Hours of Operation):

- El Portal Field (8:00AM-Time of Sunset)
- Davis Park Baseball Field (8:00AM-10:00PM)
- Davis Park Field (8:00AM-10:00PM)
- Rumrill Field #1 (8:00AM-12:00AM Depending on Day of Rental)
- Rumrill Field #2 (8:00AM-12:00AM Depending on Day of Rental)
- Rumrill Field #3 (8:00AM-11:00PM Depending on Day of Rental)

Date Requested: Jan 2 to June 30-2023 2024 Day of Week: Mon and Wed Type of Activity: Soccer Practice

Starting Field Time: 5:00 PM am/pm TO Ending Field Time: 9:00 PM am/pm

Name of Applicant: Millie Moran Phone Number: 415-305-8306

Name of Organization: SPUYSC State Non-Profit ID# _____

Designated Person In Charge on the Day of Event: Rafael Torres Phone: 510-367-9335

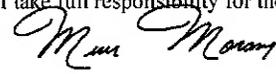
Address: 412 Mitchel Avenue City: San Pablo Zip: 94806

Cell Phone: 510-367-9335 Email: nineth4@msn.com

Below please write in attendance for each age group. Attendance numbers need to be as accurate as possible
 Children (ages 1-12) 100 Teens (ages 13-20) 100 Adults (ages 21-35) 100 Adults (ages 35+) 100

RENTAL AGREEMENT

My signature certifies that I have read and understood the rules and regulations as set forth by the City of San Pablo Recreation Division governing the use of the Public Field Rentals, that I will take full responsibility for ensuring that the use of this facility and areas by the organization/party I represent is in full adherence and compliance with these rules and regulations, and that I will hold the City of San Pablo harmless from any damage, claim for damage for personal injury or death, damage or loss of property, claim for damage to or loss of property incurred in the use of the field(s) reserved. I will accept full responsibility for them throughout the period specified in the Sports Field Rental Application. I further understand that as the applicant I assume full responsibility for any penalty fees assessed by the City of San Pablo for any violations of these rules and regulations governing the use of the above requested field. I am fully aware that the Deposit is non-refundable if I cancel within 2-weeks of my reservation for any reason. I am also aware that by signing this contract, I take full responsibility for the behavior exhibited by my guests during my rental.

SIGNATURE OF APPLICANT:  DATE: 11-14-2023

OFFICE USE ONLY	
Application Fee (Non-Refundable)	\$ _____
Deposit	\$ _____
Hourly Fee	\$ _____
Insurance Fee (Will organization/applicant provide their own Insurance? _____)	\$ _____
Alcohol Fee	\$ _____
Staff Fees (\$20/person/hour)	\$ _____
Security Guards	\$ _____
Equipment	\$ _____
Amount Total	\$ _____

Recreation Staff Signature: _____ Date Received: 11/14/23 Approved Denied By: 

CM Staff Signature: _____ Date Received: _____ Approved Denied By: _____

Rental Agreement # 3809



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- Rumrill Field #2 (8:00AM-12:00AM Depending on Day of Rental)
- Rumrill Field #3 (8:00AM-11:00PM Depending on Day of Rental)

Date Requested: Jan 2 - June 30 -2024 Day of Week: Tue Thu Fri Type of Activity: Soccer Practice

Starting Field Time: 5:00 PM am/pm TO Ending Field Time: 8:00 PM am/pm

Name of Applicant: Millie Moran Phone Number: 415-305-8306

Name of Organization: SPUYSC State Non-Profit ID# _____

Designated Person In Charge on the Day of Event: Rafael Torres Phone: 51-367-9335

Address: 412 Mitchel Avenue City: San Pablo Zip: 94806

Cell Phone: 510-367-9335 Email: nineth4@msn.com

Below please write in attendance for each age group. Attendance numbers need to be as accurate as possible

Children (ages 1-12) 100 Teens (ages 13-20) 100 Adults (ages 21-35) 100 Adults (ages 35+) 100

RENTAL AGREEMENT

My signature certifies that I have read and understood the rules and regulations as set forth by the City of San Pablo Recreation Division governing the use of the Public Field Rentals, that I will take full responsibility for ensuring that the use of this facility and areas by the organization/party I represent is in full adherence and compliance with these rules and regulations, and that I will hold the City of San Pablo harmless from any damage, claim for damage for personal injury or death, damage or loss of property, claim for damage to or loss of property incurred in the use of the field(s) reserved. I will accept full responsibility for them throughout the period specified in the Sports Field Rental Application. I further understand that as the applicant I assume full responsibility for any penalty fees assessed by the City of San Pablo for any violations of these rules and regulations governing the use of the above requested field. I am fully aware that the Deposit is non-refundable if I cancel within 2-weeks of my reservation for any reason. I am also aware that by signing this contract, I take full responsibility for the behavior exhibited by my guests during my rental.

SIGNATURE OF APPLICANT: *Millie Moran* DATE: 11-14-2023

OFFICE USE ONLY	
Application Fee (Non-Refundable)	\$
Deposit	\$
Hourly Fee	\$
Insurance Fee (Will organization/applicant provide their own Insurance? _____)	\$
Alcohol Fee	\$
Staff Fees (\$20/person/hour)	\$
Security Guards	\$
Equipment	\$
Amount Total	\$

Recreation Staff Signature: _____ Date Received: 11/14/23 Approved Denied By: *OC*

CM Staff Signature: _____ Date Received: _____ Approved Denied By: _____



Sports Field Rental Application

ONLY SAN PABLO INCORPORATED RESIDENTS ARE ELIGIBLE FOR RESIDENT RATES

Facility Requested (Hours of Operation):

- El Portal Field (8:00AM-Time of Sunset)
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- Davis Park Field (8:00AM-10:00PM)
- Rumrill Field #1 (8:00AM-12:00AM Depending on Day of Rental)
- Rumrill Field #2 (8:00AM-12:00AM Depending on Day of Rental)
- Rumrill Field #3 (8:00AM-11:00PM Depending on Day of Rental)

Date Requested: Jan 2-June 30-2024 Day of Week: SAT & SUN Type of Activity: Soccer Match

Starting Field Time: 9:00AM am/pm TO Ending Field Time: 5:00 PM am/pm

Name of Applicant: Millie Moran Phone Number: 415-305-8306

Name of Organization: SPUYSC State Non-Profit ID# _____

Designated Person In Charge on the Day of Event: Rafael Torres Phone: 510-367-9335

Address: 412 Mitchel Avenue City: San Pablo Zip: 94806

Cell Phone: 510-367-9335 Email: nineth4@msn.com

Below please write in attendance for each age group. Attendance numbers need to be as accurate as possible
 Children (ages 1-12) 100 Teens (ages 13-20) 100 Adults (ages 21-35) 100 Adults (ages 35+) 100

RENTAL AGREEMENT

My signature certifies that I have read and understood the rules and regulations as set forth by the City of San Pablo Recreation Division governing the use of the Public Field Rentals, that I will take full responsibility for ensuring that the use of this facility and areas by the organization/party I represent is in full adherence and compliance with these rules and regulations, and that I will hold the City of San Pablo harmless from any damage, claim for damage for personal injury or death, damage or loss of property, claim for damage to or loss of property incurred in the use of the field(s) reserved. I will accept full responsibility for them throughout the period specified in the Sports Field Rental Application. I further understand that as the applicant I assume full responsibility for any penalty fees assessed by the City of San Pablo for any violations of these rules and regulations governing the use of the above requested field. I am fully aware that the Deposit is non-refundable if I cancel within 2-weeks of my reservation for any reason. I am also aware that by signing this contract, I take full responsibility for the behavior exhibited by my guests during my rental.

SIGNATURE OF APPLICANT: *Millie Moran* DATE: 11-14-23

OFFICE USE ONLY	
Application Fee (Non-Refundable)	\$
Deposit	\$
Hourly Fee	\$
Insurance Fee (Will organization/applicant provide their own Insurance? _____)	\$
Alcohol Fee	\$
Staff Fees (\$20/person/hour)	\$
Security Guards	\$
Equipment	\$
Amount Total	\$ <u>12,064.00</u>

Recreation Staff Signature: _____ Date Received: 11/14/23 Approved Denied By: *[Signature]*
 CM Staff Signature: _____ Date Received: _____ Approved Denied By: _____



CITY OF SAN PABLO RECREATION DIVISION
 2450 ROAD 20, SAN PABLO, CA 94806
 PHONE: (510) 215-3080
 FAX: (510) 215-3015

PARK KIOSK AND CONCESSION STAND RENTAL APPLICATION

Rumrill Food Kiosk (X) #1 () #2	Davis Park Concession Stand () #1
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1. Applicant's Name: Millie Moran Day Phone: 415-305-8306
 Designated/ Contact Person Name: Rafael Torres (Please Print Clearly) Eve Phone: _____
 (Please Print Clearly) Day Phone: 510-367-935
 Eve Phone: _____
2. Address: 412 Mitchel Avenue City: San Pablo Zip Code: 94806
3. Email Address: _____
4. Requested Rental Start Date: January 1, 2024 Lease Duration: () 1 month trial () 3months () 6 months (X) 1 year
5. Request access to San Pablo Community Center (SPCC) commercial kitchen? () Yes () No
 a. Requested Days of the week: 7 days a week
 b. Rental Times: 24 hrs a.m. /p.m. to _____ a.m. /p.m.
6. Description of good to be sold: _____
Serves as a registration booth

RENTAL AGREEMENT

My signature certifies that I have read and understood the rules and regulations as set forth by the City of San Pablo Recreation Division governing the use of the Public Facility and Field Rentals, that I will take full responsibility for ensuring that the use of this facility and areas by the organization/party I represent is in full adherence and compliance with these rules and regulations, and that I will hold the City of San Pablo harmless from any damage, claim for damage for personal injury or death, damage or loss of property, claim for damage to or loss of property incurred in the use of this facility. I will accept full responsibility for them throughout the period specified in the Park Kiosk and Concession Stand Rental Application. I further understand that as the applicant I assume full responsibility for any penalty fees assessed by the City of San Pablo for any violations of these rules and regulations governing the use of the above requested facility or field. I am fully aware that the Deposit is non-refundable if I cancel within 2-weeks of my reservation for any reason.

Applicant's Signature: *Millie Moran* Date: 11-14-2023
 Contract Approved By Recreation Staff Name: *[Signature]* Date: 11/14/23

For Office Use Only				
Application Fee (non-refundable)	\$ _____	Amount Paid	Date _____	RECPT/NO. _____
Deposit	\$ _____	Amount Due	Date _____	RECPT/NO. _____
Rental Fee	\$ _____	Amount Paid	Date _____	RECPT/NO. _____
Insurance Fee	\$ _____	Amount Due	Date _____	RECPT/NO. _____
Other	\$ _____	Amount Paid	Date _____	RECPT/NO. _____
TOTAL	\$ _____	Amount Refunded	Payment Request Date _____	
		Request sent to Finance Date	Check NO. _____	

City of San Pablo
Recreation Division
2450 Road 20
San Pablo, CA 94806



Field Rental Fee Waiver Application

ORGANIZATION DETAILS	
Name of Organization: San Pablo United Youth Soccer Club	
Contact Name: Rafael Torres	Phone: 510-367-9335
Organization Email Address: nineth4@msn.com	
Organization Mailing Address: 412 Mitchell Avenue San Pablo 94806	

FEE WAIVER REQUEST DETAILS
Season: Winter 23/24
Season Dates: January 2 to June 30, 2024, except holidays
*Location Requested: Rumrill Sport Complex
*If requesting the Davis Park location, your group must schedule a mandatory parent meeting to be had with Community Services and the Police Department to discuss parking restrictions to address public safety concerns.

Copies of the following items are required at the time of application submittal:

- 1) 501(c) Status / IRS documentation – Articles of Incorporation
- 2) Current Organization Roster of Membership
 - a) Roster must include player's names, guardians, and addresses
- 3) List of Organization Officers and Contact Information
- 4) Certificate of Insurance
 - a) Must be valid for the season requested
 - b) List the "City of San Pablo" as the additionally insured party for the season
- 5) Copy of Organizations bylaws or articles of incorporation

CITY OF SAN PABLO STAFF USE ONLY			
Received By: <u>J CLARK</u>		Date: <u>11/14/23</u>	
Council Review Date: <u>12/18/23</u>	Council Decision: _____	Date: _____	
Special Conditions: _____			

November 14, 2023

City Council Members
City of San Pablo
13831 San Pablo Avenue
San Pablo, CA 94806

Dear City Council Members:

On behalf of San Pablo United Youth Soccer Club and as a President of the club I am formally requesting a fee waiver for the use of soccer fields at Rumrill Field 1,2,3 from January 2 to June 30, 2024 for our Winter Season.

We are still in the hope that the fee agreement for the use of Rumrill 1, 2, and 3 be honored by the City of San Pablo. SPUYSC is a volunteer run, non-profit organization dedicated to the youth and families of our community, and we do not get subsidize by any other organization. We are still an organization that try to maintain very low registration fees compared to other organization in our nearby cities, and this only possible with the support of city officials and our long list of parent involvement that understand the need of providing a safe place to our youth. Our goal is not to leave any child behind due to socioeconomic disadvantages and now more than ever that our families are still facing the economic impact of the Covid-19 and increase in prices, we are determined to continue with program at affordable fees and reachable to every single child in our community.

We continue to struggle finding fields for our older children, fighting to secure a Middle/High School field for 13th years and up teams has become a competition with adult leagues and bigger money clubs in our region, we would like to continue encouraging ity Council Member to seek an opportunity to build a full adult size soccer field, like EL Portal, that was our home from the beginning of this league and where thousands of kids benefited from over the years.

We thank the City of San Pablo for all its generous support in the past and present. We cannot do what we do without the continuous help we receive from The City, and we are very pleased to continue serving the community of San Pablo and its families

Sincerely,



Rafael Torres
President
SPUYSC