



CITY OF SAN PABLO  
City of New Directions

Rental Agreement # \_\_\_\_\_

## Sports Field Rental Application

ONLY SAN PABLO INCORPORATED RESIDENTS ARE ELIGIBLE FOR CITY RESIDENT RATES

### Facility Requested (Hours of Operation):

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

Date Requested: 8/1 - 10/20 Day of Week: MON-FRI Type of Activity: Soccer Practice

Starting Field Time: 4:00 am/pm TO Ending Field Time: 8:00 am/pm

Name of Applicant: Rafael Torres Phone Number: [REDACTED]

Name of Organization: SQU45C State Non-Profit ID# 94-2929040

Designated Person In Charge on the Day of Event: Rafael Torres Phone: [REDACTED]

Address: [REDACTED] City: [REDACTED] Zip: [REDACTED]

Cell Phone: [REDACTED] Email: ninety@mon.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.

APPLICANT SIGNATURE: Rafael Torres DATE: 5.9.14

OFFICE USE ONLY.	
Application Fee (Non-Refundable)	\$
Deposit	\$
Hourly Fee	\$
Light Fee	\$
Amount Total	\$

Recreation Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_ Approved ☐ Denied ☐ By: \_\_\_\_\_

CM Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_ Approved ☐ Denied ☐ By: \_\_\_\_\_



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- ☐ Davis Park Field (8:00AM-8:00PM)
 ☒ Rumrill Field #3 (8:00AM-11:00PM Depending on Day of Rental)

Date Requested: 8/17-11/9 Day of Week: Sat-Sun Type of Activity: Soccer Match

Starting Field Time: See schedule am/pm TO Ending Field Time: \_\_\_\_\_ am/pm

Name of Applicant: Rafael Torres Phone Number: [REDACTED]

Name of Organization: SPUYSO State Non-Profit ID# 94-2929040

Designated Person In Charge on the Day of Event: Rafael Torres Phone: [REDACTED]

Address: [REDACTED] City: [REDACTED] Zip: [REDACTED]

Cell Phone: [REDACTED] Email: ninety4@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

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APPLICANT SIGNATURE: Rafael Torres DATE: 5.9.19

OFFICE USE ONLY.	
Application Fee (Non-Refundable)	\$
Deposit	\$
Hourly Fee	\$
Light Fee	\$
Amount Total	\$

Recreation Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_ Approved ☐ Denied ☐ By: \_\_\_\_\_

CM Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_ Approved ☐ Denied ☐ By: \_\_\_\_\_



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☐ Davis Park Field (8:00AM-8:00PM)      ☒ Rumrill Field #3 (8:00AM-11:00PM Depending on Day of Rental)

Date Requested: 8/5 - 11/8 Day of Week: Mon-Fri Type of Activity: Soccer Practice

Starting Field Time: See schedule am/pm TO Ending Field Time: \_\_\_\_\_ am/pm

Name of Applicant: Rafael Torres Phone Number: [REDACTED]

Name of Organization: SPUYS State Non-Profit ID# 94-2929040

Designated Person In Charge on the Day of Event: Rafael Torres Phone: [REDACTED]

Address: [REDACTED] City: [REDACTED] Zip: [REDACTED]

Cell Phone: [REDACTED] 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) 00 Adults (ages 35+) 00

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APPLICANT SIGNATURE: Rafael Torres DATE: 5.9.14

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Deposit	\$
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Light Fee	\$
Amount Total	\$

Recreation Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_ Approved ☐ Denied ☐ By: \_\_\_\_\_

CM Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_ Approved ☐ Denied ☐ By: \_\_\_\_\_