

CM Staff Signature:

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) □ Rumrill Field #2 (8:00AM-12:00AM Depending on Day of Rental) □ Rumrill Field #3 (8:00AM-11:00PM Depending on Day of Rental) □ Rumrill Field #3 (8:00AM-11:00PM Depending on Day of Rental)				
Date Requested: 1122119-12115119 Day of Week: M-f Type of Activity: SP COWBOUS				
Starting Field Time: am/pm_TO Ending Field Time: 3 200 am/pm				
Name of Applicant: Andre WilliamsPhone Number:				
Name of Organization: <u>San Pablo Cowboy</u> State Non-Profit ID# 46 - 3547410				
Designated Person In Charge on the Day of Event: And De Phone:Phone:				
Address:Zip:				
Cell Phone:Email: San Pablo Cowboys Gam				
Below please write in attendance for each age group; attendance numbers need to be as accurate as possible.				
Children (ages 1-12) $\boxed{000}$ Teens (ages 13-20) $\boxed{000}$ Adults (ages 21-35) $\boxed{000}$ Adults (ages 35+) $\boxed{000}$				
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: DATE: 5/29/19				
OFFICE USE ONLY.				
Application Fee (Non-Refundable) Deposit Hourly Fee Light Fee Amount Total \$				
Recreation Staff Signature: Date Received: Approved Denied \(\subseteq \text{ By: _ }				

Approved □

Denied □

Ву: _____

Date Received:

City of New Directions

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	Dayis Park Concession Stan	d		
	()#1 ()#2	(√) #1			
1.	Applicant's Name: Andre Will		Day Phone:		
	Designated/ Contact Person Name: XX	use Print Clearly) Ase Print Clearly) Ase Print Clearly)	Eve Phone: Day Phone: Eve Phone:		
2.	Address:	City:	Zip Code:		
3.	Email Address: San Pablocou	boys @gma	ai L. Com		
4.	Email Address: San pablocowboys @gmail. Com Requested Rental Start Date: 12119 Lease Duration: () 1 month trial() 3 months () 6 months () 1 year				
5.	Request access to San Pablo Community Center (SPCC) commercial kitchen? () Yes () No				
	b. Rental Times: 6 a.m. /p.m. to 3 a.m. /p.m.)				
	.0				
6.	Description of good to be sold: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DODCORD DO	Hanas.		
	coffee, cocog, chips, soda, gaterade				
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.					
		Willing	5/2/1/2		
App	olicant's Signature: Andu	Wille	Date:5/29/19		
Contract Approved By Recreation Staff Name: Date:					
For Office Use Only					
App	lication Fee (non-refundable) \$	Amount Paid	Date RECPT/NO		
Dep		Amount Due	Date RECPT/NO		
Ren	tal Fee \$	Amount Paid	Date RECPT/NO		
	rance Fee \$	Amount Due	Date RECPT/NO Date RECPT/NO		
Othe	*\$_ TOTAL \$_	- Amount Paid	Date RECPT/NO		

Amount Refunded____

Request sent to Finance Date__

____ Payment Request Date

Check NO.