



APPLICATION FOR USE OF SPUD FIELD

NAME OF GROUP: \_\_\_\_\_ SPORT: \_\_\_\_\_
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_
AGES OF PARTICIPANTS: \_\_\_\_\_ GENDER OF PARTICIPANTS: (M) \_\_\_\_ (F) \_\_\_\_
IS THIS A: SCHOOL LEAGUE \_\_\_\_\_ NON-PROFIT LEAGUE: \_\_\_\_\_ COMPETITIVE LEAGUE: \_\_\_\_\_
DATES REQUESTED: \_\_\_\_\_
DAYS/TIMES REQUESTED: (INCLUDE ANY PREP TIME)
MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_
SAT \_\_\_\_\_ SUN \_\_\_\_\_

WILL YOU BE CHARGING ANY FEES TO YOUR PARTICIPANTS? (PLEASE EXPLAIN)

WILL YOU BE SELLING ANYTHING DURING YOUR FIELD USE TIME? (PLEASE EXPLAIN)

WILL YOU BE BRINGING ANY EQUIPMENT ONTO THE FIELD SUCH AS GOALS, BASES? (PLEASE EXPLAIN)

I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES IN THE CITY OF SIGNAL HILL FIELD AND COURT ALLOCATION POLICY.

SIGNATURE

DATE

\*\*PLEASE ATTACH A ROSTER OF YOUR PARTICIPANTS THAT INCLUDES NAMES, GENDERS, AGES AND ADDRESSES

\*\*IF APPROVED, YOU WILL NEED TO SUBMIT THE FOLLOWING

- PAYMENT IN FULL BY WAY OF CASH, CHECK OR MONEY ORDER
• A REFUNDABLE DAMAGE DEPOSIT IN THE AMOUNT OF \$250
• A CERTIFICATE OF LIABILITY INSURANCE LISTING THE CITY OF SIGNAL HILL AS ADDITIONAL INSURED IN THE AMOUNT OF \$1,000,000

COMMUNITY SERVICES DEPARTMENT
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