



SCHOOL TEAM APPLICATION

School: _____

Activity: _____

Contact Person: _____

Phone: _____ Email: _____

School Address: _____ City: _____ Zip Code: _____

Age of Participants: _____

Approximate Group Size: _____

Dates/Times Requested: _____

Please indicate your preferred starting location (i.e. Discovery Well Park Open Grass Area, Hilltop Park, etc.):

Please list any equipment you will be bringing into the park (i.e. weights, jump ropes, kettle bells, etc.):

*Exercise equipment weighing over 20 pounds is prohibited in all parks. Weights or other equipment (less than 20 pounds) may only be used on hard surfaces (basketball court, amphitheater)

I declare that the foregoing is true and correct. I understand that any false statement on this application or incomplete information will be sufficient grounds for denying me a permit. I have received, read, understand, and agree to abide by the policies in the City of Signal Hill School Team Policy.

SIGNATURE

DATE

Community Services Department
2175 Cherry Avenue Signal Hill CA, 90755
(562) 989-7330

OFFICE USE ONLY

APPROVED: _____ **STAFF INITIALS:** _____ **DATE:** _____