



225 Park Street
Lakeport, CA 95453

CITY OF LAKEPORT

Phone: (707) 263-5615, Ext. 12
Fax: (707) 263-8584

RESERVATION FORM FOR USE OF FACILITIES WESTSIDE COMMUNITY PARK

Facility Requested: <input type="checkbox"/> Soccer Field 1 <input type="checkbox"/> Soccer Field 2	
Organization/Requesting Party:	
Address:	<input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit
City/State/Zip:	Telephone:

Describe Event:			
Use Date(s):	Begin Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	End Time:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Estimated Attendance:	Event Open to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will Entrance Fee be Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Security to be Provided by:			
Address:		Telephone:	

USE OF ALCOHOL: Is a permit for alcoholic beverages requested? Yes No

If you have checked yes, you must obtain a signed permit from the Lakeport Police Department and attach it to this application. This will allow for consumption of alcoholic beverages in connection with the event but will NOT allow for the SALE of alcoholic beverages. If alcoholic beverages are going to be sold or included with the price of any ticket or admission to the event, then the applicant is required to obtain a one-day license from the California Department of Alcoholic Beverage Control. This one-day permit would be required in addition to a permit by the Lakeport Police Department.

Applicant hereby agrees to hold the City of Lakeport, its City Council and Commissions, the individual members thereof and all the officers, agents, volunteers and employees free and harmless from any and all loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of recreation facilities. The undersigned hereby certifies that I will be personally responsible on behalf of the applicant for any damages sustained by the building, furniture or equipment occurring through occupancy or use of said facility by the applicant. Any lost equipment or damages sustained to the above shall be compensated within seven (7) days.	
Applicant's Signature:	Dated:
Address:	
Business Phone:	Home Phone:

USE OF SOCCER FIELDS AND RENTAL INFORMATION

Available for use:	Two soccer fields with goal posts and nets; additional fields are planned to be available in the near future
Rental rates:	\$10 per hour per field with a two-hours minimum rental to reserve field
Please note:	Authorization to use field(s) may be revoked pending unforeseen circumstances
Deposit:	A \$100 security/cleaning deposit is required for use of the facility and equipment. Part or all of your deposit will be withheld if the City is required to clean or repair any part of the facility or equipment following your groups' departure. Staff cost will be billed at \$40 per hour per employee. After hour call-out charges will be billed at \$60 per hour with a two-hour minimum.
Insurance Requirement:	Renters must provide the City of Lakeport with a Certificate of Insurance and Additional Insured Endorsement (Form CG 20 26 11 85) naming the City of Lakeport as additionally insured in the amount of \$1,000,000 (one million dollars).
Renter's Responsibilities:	<ul style="list-style-type: none"> ◆ The renter acknowledges that he/she will contact the Administrative Services Department representative 3 days prior to the renter's event to review the facility and all available equipment to the renter. ◆ The participants must place all papers, glass bottles or any other trash properly in waste receptacles. ◆ All gates must be closed and locked upon the group's departure. ◆ All equipment used must be returned to the proper location. ◆ Applicants and users of the facility assume full responsibility for any damage to the field and equipment. ◆ Any additional "City" responsibilities or requested services related to the use of the facility must be received in writing and approved in advance of the scheduled dates by the City of Lakeport Administrative Services Department.
Americans with Disabilities Act:	If you have a special need regarding accessibility to this facility, please call the City Clerk's Office at 263-5615. Every effort will be made to assist in accommodating you.



For Department Use Only

Date Application Received:		Application No.	
Parks and Recreation Supervisor Approval:			Date:
City Manager Approval			Date:
Facility Use Fee: \$	Date Paid:	Check Number:	
Cleaning Deposit: \$	Date Paid:	Check Number:	
Others Fees: \$	Check Number:	Check Number:	
Total Fees Due: \$	<input type="checkbox"/> Walk Through Inspection Before	<input type="checkbox"/> Walk Through Inspection After	
Less Costs: \$	(See attached itemized list)		
Less Damages: \$	(See attached itemized list)		
Refund Due: \$	Check Number:	Check Number:	
Insurance Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Received:	