

City of Irvine – Community Services Department <b>ATHLETIC FIELD APPLICATION AND AGREEMENT</b>			Return Completed Application to: City of Irvine, Community Services Department, Field Reservations, PO Box 19575, Irvine, CA 92623-9575			Mudd Line/Inclement Weather*: Fields:		(949)724-6833* (949)724-6661				
Instructions: 1) Read and observe all policies 2) Submit at least 14 days prior to event 3) This reservation is valid only upon receipt of approved application							Fax:		(949)724-7529			
<b>APPLICANT</b>												
Customer Name:				Home Tel.:			Work:					
Organization:				Fax:			Cellular:					
Address:				City:			Zip Code:					
Contact on Site:				Home Tel.:			Work:					
<b>RESERVATION INFORMATION</b>												
Facility/Park: _____						Fields: _____						
<b>HOURS (MUST include set-up &amp; clean-up)</b>												
<b>START:</b> _____		AM/PM		<b>FINISH:</b> _____		AM/PM		<b>DATE(S):</b>		<b>FROM</b> _____	<b>TO</b> _____	<b>DAY(S) OF WEEK</b>
January _____				July _____								<input type="checkbox"/> Sunday
February _____				August _____								<input type="checkbox"/> Monday
March _____				September _____								<input type="checkbox"/> Tuesday
April _____				October _____								<input type="checkbox"/> Wednesday
May _____				November _____								<input type="checkbox"/> Thursday
June _____				December _____								<input type="checkbox"/> Friday
<input type="checkbox"/> Saturday												
<b>ALCOHOL PERMIT APPLICATION</b>												
Will alcohol be served? Yes/No			ABC License:		Type: <input type="checkbox"/> Beer/Wine <input type="checkbox"/> Liquor							
Will alcohol be sold? Yes/No					<b>Note:</b> Special Event Server Certificate Required							
<b>EVENT INFORMATION</b>												
Type of Event: _____						Attendance: _____						
Open to the Public? Yes / No		Admission/Donation Charged? Yes / No		Catered? Yes / No		Name of Caterer*: _____						
Base length Needed : _____		FULL PREP		PREP & BASES ONLY		*Caterer must have an Irvine Business License						
Soccer goals: _____		Vendor Booths*: _____		*Vendor must have an Irvine Business License								
<b>Notes:</b>												
<b>FACILITY USERS AGREEMENT</b>												
The undersigned, both individually and on behalf of the above-named applicant, agrees to indemnify, defend and hold the City of Irvine and its officers, employees, and agents harmless and free from any liability of any nature, including, but not limited to, liability for damage or injury to any persons or property, costs and attorney's fees, arising out of or in connection with the use of City recreational facilities regardless of whether the City was actively or passively negligent, either solely or contributorily in connection with such liability. I CERTIFY THAT WE HAVE RECEIVED AND READ THE RULES AND REGULATIONS IN THE PUBLIC RESERVATION AND FEE POLICY. I, THE UNDERSIGNED, DO HEREBY AGREE THAT WE WILL ABIDE BY THE POLICIES GOVERNING THE USE OF THIS FACILITY AND WILL BE RESPONSIBLE FOR ANY DAMAGES TO THE FACILITY, FURNITURE, OR EQUIPMENT CAUSED BY OUR OCCUPANCY OF THE PREMISES. I UNDERSTAND THAT ANY VIOLATION OF THE ALCOHOL USE PERMIT POLICIES WILL RESULT IN IMMEDIATE TERMINATION OF OUR EVENT. I ALSO UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION RELATED TO THIS APPLICATION IS A VIOLATION OF CITY ORDINANCE #113, SUBJECT TO THE PENALTIES STATED THEREIN. <b>*City of Irvine reserves the right to close fields before or during inclement weather. Check MUDD Line to determine if your reserved field is open.*</b>												
<b>APPLICATION APPROVAL-FOR OFFICE USE ONLY</b>												
Applicant's Signature			Driver's License Number		Date		Approved _____		Community Services Signature			
<b>PAYMENT</b>				<b>ADDITIONAL REQUIREMENTS</b>				<b>WARRANT</b>				
<b>FEES</b>	<b>AMOUNT</b>	<b>DUE DATE</b>	<b>AMT PAID</b>	<b>Cash, Check, CC</b>				<b>DUE</b>	Category: _____	Refund Amount		
Deposit	\$		\$	VISA	Insurance Endorsement	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Hourly Rate: _____	\$		
Field Clng	\$		\$	OR	Extra Trash Pickup	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Date		
Rental Fee	\$		\$		Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Misc. Fee	\$		\$	MASTERCARD	Alcohol Server Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Other		
Bal. Due	\$		\$	<b>ONLY</b>	ABC License	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Cardholder Name: _____			Exp. Date: _____ / _____		Site Meeting	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Policy Issued		
Credit Card # _____					Other							
White: Office			Pink: Facility			Canary: Applicant			FORM 50-01 12/04			