



CITY OF SAN JOSE PARK FIELD USE APPLICATION

Field Reservation Unit
 1850 Fallbrook Ave, San Jose, CA 95130
 hal.spangenberg@sanjoseca.gov
 408-871-3827 ~ Fax 408-871-8165

A \$30 application fee for Category 1, \$40 for Category 2, \$50 for Category 3 or \$100 application fee for non-City of San Jose residents must accompany application to be considered.

League/Group Name: _____
 Organization Name: _____ Email address: _____
 Primary Contact: _____ Primary Phone #: _____
 Address: _____ Alternate Phone #: _____
 City/State/Zip Code: _____ Fax #: _____
 Alternate Contact: _____ Primary Phone #: _____
 Sport: _____ Anticipated Attendance: Total: _____ Adults: _____ Youth (under 18): _____

1st choice: _____
 Park Requested: _____ Area Requested: _____
 Day/Date(s) of Use: _____
 Times of Use: _____ Additional Needs: _____

2nd Choice: _____
 Park Requested: _____ Area Requested: _____
 Day/Date(s) of Use: _____
 Times of Use: _____ Additional Needs: _____

CLASSIFICATION INFORMATION

Please circle all that apply:

Non-Profit Organization?	Yes	No	If yes, please provide tax ID#: _____
Fund-raising event?	Yes	No	Will items be sold? Yes No
Will alcohol be served?	Yes	No	Will a fee be charged? Yes No
Event open to public?	Yes	No	Additional Services needed? _____
Will amplified sound be used?	Yes	No	I have read the Field Use Policies Yes No

SAVE HARMLESS AND INDEMNIFICATION AGREEMENT

I/we _____ hereby understand and agree to accept the risk of bodily injury and/or property damage which I/we may incur or cause a third party to incur as a result of my/our participation in any and all activities for which specific space has been reserved for specific times. This shall include, but not be limited to, assignment of time and space for regularly scheduled activities, sporadic use and one time event. With this understanding, I/we further agree to indemnify, defend and save harmless the City of San Jose, its Boards, its Commissions and their respective officers, agents, and employees, from and against any and all claims, losses, injuries, suits and judgments arising from, or in connection with my/our successors, assigns, heirs, executors and administrators, and any other person or entities who/which may have a claim based on my/our personal injuries and/or property damage. I/we further understand and agree that this save harmless and indemnification shall apply to and all facilities that the City of San Jose may own and/or control. Furthermore, I/we have read and agree to abide by the City of San Jose rules and regulations for the use of park facilities as provided. I/we understand further that I/we will be held financially responsible for any damage, to facilities or equipment, that occurs through our group's use of the facility. I, as the official representative of the organization listed above, accept on behalf of all the members of the organization the entire Save Harmless Agreement as worded above. I/we have read and will abide by the Field Use Policies.

Signature of Authorized Representative: _____ Date: _____

Credit Card Information: Visa MCard #: _____ Ex Date: _____ Signature: _____

FOR OFFICE USE ONLY:

Application: Approved Declined By: _____ Reason: _____ Date: _____
 Payment
 Application Fee: \$ _____ Receipt #: _____ Date: _____
 TOTAL RENTAL FEES: \$ _____ Receipt #: _____ Date: _____

Distribution: WHITE - Office Files; PINK - Applicant

Insurance provided: _____