



Carmichael Recreation and Park District Office
5750 Grant Ave. Carmichael, CA 95608
Phone: (916) 485-5322 Fax: (916) 485-0805
info@carmichaelpark.com

La Sierra Community Center Recreation Office
5325 Engle Rd. #100 Carmichael, CA 95608
Phone: (916) 483-7826 Fax: (916) 483-7861
lsoffice@carmichaelpark.com

Athletic Fields & Sports Facility Use Application & Permit

Resident Non-Resident
Non-Profit

INFORMATION

Field or Facility Requested: _____

Request Date: _____ Activity Date(s): _____

(If requesting multiple fields, dates, and/or times, please attach a detailed schedule)

Approximate # Attending: _____ Type of Activity: _____

Times of Activity: Start Time: _____ End Time: _____

Non-Profit: Yes No *(If yes, submit copy of 501 c(3) letter)*

Organization Name: _____

Address: _____ City: _____ State/Zip: _____

Name of Contact: _____

Address: _____ City: _____ State/Zip: _____

Phone Number: _____ Evening: _____

Email Address: _____

Yes, I want to receive the monthly email newsletter from Carmichael Recreation & Park District with information on upcoming community events, programs and classes.

INDEMNITY AND HOLD HARMLESS CLAUSE

Applicant/User agrees to be solely responsible for any and all liability, claims, loss, demands, damages, costs and expenses, including attorney's fees, arising out of or resulting from any injury to persons or damage to property which arise out of its use of District facilities. Applicant/User agrees to defend, indemnify and hold harmless the District, its officers, agents, employees and volunteers against any and all such claims, demands, causes of action, suits and expenses, whether or not any such claim or action is alleged to have been caused in part by District as a party indemnified hereunder.

_____*(User Initial)* I have been given a copy of, or electronic link, to the Sports Organization Use Policy, Rules & Regulations. I acknowledge that I am responsible for reading and abiding all terms outlined in the policy, all of the conditions of this application and any contract or permit issued based on this application.

By: _____

SIGNATURE OF PERMITTEE OR AUTHORIZED GROUP REPRESENTATIVE

Name Printed: _____

Approved By: _____ Date: _____

OFFICE USE ONLY

Fees	Receipt #	Amount
Security Deposit	#	\$
Other Fee(s)	#	\$
District Insurance	#	\$

Insurance Certificate/Policy #: _____

Reservation Hours: _____ Fee: _____ Amount: \$ _____

Total Fees Due By: _____ Total Amount: \$ _____

By: _____