

# APPLICATION FOR FACILITY USE

TYPE OR PRINT ALL INFORMATION



**City of Chula Vista**  
**RECREATION DEPARTMENT**  
 276 Fourth Avenue, Building 300  
 Chula Vista, CA 91910  
 (619) 409-5979  
 www.chulavistaca.gov/rec

NAME OF ORGANIZATION (if applicable): _____	Non-Profit <input type="checkbox"/> yes <input type="checkbox"/> no
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Applicant Name: _____	Phone Number #1 : _____ H C W
	Phone Number #2: _____ H C W

Mailing address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**FACILITY, FIELD, OR AREA REQUESTED:**

PERIOD OF USE: <input type="checkbox"/> one time only <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	DATES OF USE: _____
DAYS OF USE: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	Write in times: _____

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**PURPOSE OF MEETING / RENTAL:**

**EQUIPMENT NEEDED:** \_\_\_\_\_

**EXPECTED ATTENDANCE:**  adult group 18 & over  youth group 17 & under

Will fees be charged or solicitation of funds be associated with this activity or use?  yes  no

If yes, for what purpose? \_\_\_\_\_

Applicant declares all information submitted on this application is true and accurate. Changes could result in denial or revocation of permit. On behalf of the above organizations(s) and all members thereof, applicant agrees to abide by all policies, procedures and instructions set forth or provided by the City of Chula Vista, its staff, officers and designated agents; and will also comply with all relevant local, state and federal regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

<b>(CITY USE ONLY)</b>			
Date Received: _____ Received By: _____ Permit #: _____ Receipt #: _____	Requested Facility Available: <input type="checkbox"/> _____ Requested Staff Available: <input type="checkbox"/> _____ Requested Equipment Available: <input type="checkbox"/> _____ PW Parks Division Notified: <input type="checkbox"/> _____ Insurance & Endorsement Page: <input type="checkbox"/> _____	Rental Fee: \$ _____ Staff Fee: \$ _____ Add'l Fee: \$ _____ Deposit: \$ _____ <b>TOTAL</b> \$ _____	
Classification: <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule III <input type="checkbox"/> Schedule IV <input type="checkbox"/> 2.66.070	Business License #: _____ Date Paid: _____ Date Security Deposit Refunded: _____	Additional Details: _____	