

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
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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:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> </tr> </table>								

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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

(CITY USE ONLY)			
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: \$ _____ TOTAL \$ _____	
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: _____	