



Outdoor Facility/Space Reservation Request Form



Phone: (650) 522 – 7434

Email: sanmateofields@cityofsanmateo.org

All payment and/or insurance must be received *at least 24 hours* before requested date.

This document is for collecting information for your Outdoor Facility reservation. ***It is NOT an approval or confirmation of your request.***

APPLICANT Information:

Your Name (first and last): _____ Are you over 18? Y N

Address: _____
street address city zip

Phones: (home) (_____) _____ (mobile) (_____) _____ x _____

Email: _____

BUSINESS Information

Business Name: _____

Business address: _____
Street/PO address City Zip_

Business Phone: (_____) _____ EMAIL _____

Are you authorized to represent this business? Y N Your business title: _____

OUTDOOR FACILITY INFORMATION:

Park Requested: _____ Date(s) Requested: _____

Day(s) of the Week: _____ Start Time: _____ AM or PM Ending Time: _____ AM or PM

Expected Attendance _____ Preferred Surface: _____ Hardscape _____ Grass _____ Court

Brief description of Activity/Class/Use _____

Please list any equipment you will be using to conduct your class? _____

Will you be using sound equipment? _____

Other Special Requests: _____

My signature affirms all the above information is accurate and complete. If there are any changes in the above information after the permit is issued, I will immediately notify the Athletics Office.

Applicant Signature _____ Date Signed: _____