



Picnic Reservation Application

2001 Pacific Blvd. San Mateo
Phone: (650) 522-7434 Fax: (650) 522-7421

This document is for collecting information for your picnic reservation.
It is NOT an approval or confirmation of your request.
Applicant must be a City of San Mateo resident.

**For your records, please save a copy of your online application,
and email it as an attachment to picnicreservations@cityofsanmateo.org.**

APPLICANT INFORMATION

First Name: _____ Last Name: _____
Birth Date: _____
Street Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email Address: _____

ORGANIZATION/GROUP INFORMATION – If you are representing a group or organization

Organization/Group Name: _____
Street Address: _____ City: _____ Zip: _____
Phone: _____ Fax: _____
Are you authorized to represent this organization? Yes No
Type of Organization: _____

PICNIC INFORMATION

Requested outdoor facility: _____ Specific Area: _____
Type of Event: _____ Anticipated attendance: _____
Date of Event: _____ Day of the Week: _____
Time of Use: _____ FROM: ____ am pm TO: ____ am pm
Will you be having an inflatable jump house? Yes No (If yes, there will be an additional fee of \$25.00 added)
Will you be having alcohol? Yes No (If yes, there will be an additional fee of \$50.00 added)

DAMAGE/CLEANING DEPOSIT:

A damage/cleaning deposit of \$250.00 may be assessed for all picnic areas.

My signature affirms all the above information is accurate and complete. It also affirms that I have read and will adhere to the COVID guidelines (pg. 2) set by the City of San Mateo.

Signature _____ Date Signed: _____

NOTE: This is only a picnic reservation application and not a confirmation of a picnic reservation.