Los Altos Parks & Recreation Department
Athletic Field Reservation Application

Organization: _____ Tax ID: _____

Contact Person: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Reservation Request:

Purpose of Use	Dates	Day of the Week	# of Days	Start Time	End Time	Length of Time (Hours)	Total # of Hours

**Attach Separate Sheet(s) if needed. If applicable, please include League Schedule.*

Total: _____

Group Type & Fees:

- ◯ Non-Profit Resident: $27.00 / hour **Must be a recognized youth group*
- ◯ Resident: $55.00 / hour
- ◯ Non-Resident: $66.00 / hour

Reservation For:

◯ Spring/Summer (January - July) ◯ Fall/Winter (August - December)

- ☐ Rosita Park Baseball
- ☐ Hillview Baseball
- ☐ Grant Park
- ☐ Rosita Park Soccer
- ☐ Hillview Soccer
- ☐ Rosita Park Snack Shack ($200/event)

Total # Hours		Fee/Hour		Total Due	

1. **Fields may not be used if weather conditions are wet or if the field is muddy.**
2. Los Altos Parks & Recreation programs have priority.
3. The soccer fields at Hillview, Grant & Rosita are closed annually for maintenance. No permits will be issued for the time periods in which they are closed.
4. All soccer activity at Hillview must be finished by 7pm when there are productions in the Bus Barn Theater.
5. It is your responsibility to leave the facility clean.
6. Public restrooms are available at Hillview & Grant for your convenience. Please monitor during and after your use and clean-up as needed.
7. Rental fee is based on total hours of all practices and games multiplied by the hourly rate.
8. Payments by credit card or check are accepted. Make check payable to "City of Los Altos". Mail to: Los Altos Recreation Dept., Field Reservations, 97 Hillview Avenue, Los Altos, CA 94022.
9. Refunds will not be granted for any cancellations of field use reservations. Reservations are non-transferable.

To the fullest extent allowed by law, Applicant hereby agrees to defend, indemnify and hold harmless the City of Los Altos, its governing board, the individual members thereof, and all City of Los Altos officers, agents and employees from any loss, damage, liability, cost or expense arising from the use or occupancy of City property. All applications shall bear the signature of a person 21 years or older who is duly authorized representative of the organization **or group making the request, and further the applicant agrees to reimburse the City of any loss or damage to City property caused by such use. I UNDERSTAND THAT THIS APPLICATION FOR USE IS NOT APPROVED UNTIL I RECEIVE A VERIFIED RESERVATION RECEIPT. I HAVE READ AND UNDERSTAND THE ATTACHED POLICIES AND REGULATIONS ATTENDANT TO MY RENTAL OF THIS FACILITY & I AGREE TO ABIDE BY THEM.** I have read and understand the refund policy. Failure to abide by above-stated rules may result in cancellation of reservation.

Signature: _____ **Date:** _____

For Office Use Only: Date Received: _____ Date Processed: _____ Receipt Number: _____

Form Version: 8/19/2023