

**City of Folsom Parks & Recreation Department**

**Application for Use of City Facilities**

Subject to Rules and Regulations

Complete and return to the office at least one week in advance of date of use.

**Name of Organization/Team** \_\_\_\_\_ **Contact Person** \_\_\_\_\_  
**Day Phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**FACILITY DESIRED**-----

**Location (Park Site)** \_\_\_\_\_ **Type of Facility(Softball/Soccer,etc.)** \_\_\_\_\_  
**Schedule of Use:**      **Single**      **Daily**      **Multiple Days**      **Weekly**      **Monthly**  
**Dates of Use:** \_\_\_\_\_ **to** \_\_\_\_\_ **Day(s) of Week:** \_\_\_\_\_ **Hours of Use:** \_\_\_\_\_ **to** \_\_\_\_\_

**INFORMATION ABOUT USE**-----

**Purpose of Use** \_\_\_\_\_ **Clean up provided by user ?** Yes No  
**Est. Attendance** \_\_\_\_\_ **Funds** \_\_\_\_\_ **will** \_\_\_\_\_ **will not be generated through use of facility req.**  
**\*Sale of Alcohol?** Yes No      **\*Sale of Goods?** Yes No  
**\*Must have ABC or Business License and must be approved by City. Allowed at specific locations only.**

**INSURANCE REQUIREMENTS**-----

Concurrent with the execution of this Use of City Facilities permit, user shall provide the City of Folsom with a Certificate of Insurance with the additional Endorsement Certificate naming the City of Folsom as additional insured and which meets the following minimum insurance requirements: \$1,000,000 Bodily Liability/Property Liability Combined Single Limit. User further agrees to indemnify, defend and hold harmless the City of Folsom, its officers, agents, and employees against any claims, demands, damages, costs, expenses of whatever nature, including court costs and attorney fees arising out of or resulting from user's use of City of Folsom facilities.

**STATEMENT OF INFORMATION**-----

My signature certifies that I have read the conditions as set forth by the City of Folsom governing the use of items specified above, that I and my organization/team will take full responsibility for seeing that the use of these facilities/areas by the organization/team I represent is in full adherence and compliance with these conditions, that I will hold the City of Folsom harmless from any damages, claims for damage for personal injury or death, damage to, or loss of property incurred in the use of these facilities/areas.

**Signature** \_\_\_\_\_ **Print** \_\_\_\_\_ **Date** \_\_\_\_\_

**City of Folsom Parks & Recreation Department Use Only**

**Approval Granted** Yes No **If No, Reason:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Security Deposit: (Amount)** \_\_\_\_\_ **Check/Cash Date** \_\_\_\_\_ **Receipt #** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Facility Use Fee:** \$ \_\_\_\_\_ **Payment: Cash** **Check** **Credit Receipt #** \_\_\_\_\_

**Equipment Fee:** \$ \_\_\_\_\_ **Visa or MC #** \_\_\_\_\_ **Exp.** \_\_\_\_\_

**Light Fee:** \$ \_\_\_\_\_ **Cardholder Name** \_\_\_\_\_

**Field Prep Fee:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Less Deposit:** \$ \_\_\_\_\_ **Insurance/Addtl Endorsement Received** Yes No

**Outstanding Balance:** \$ \_\_\_\_\_ **Business License:** N/A Yes No

**Total Due:** \$ \_\_\_\_\_ **ABC License:** N/A Yes No

**Return Completed Application to:**

**Folsom Sports Complex  
66 Clarksville Road  
Folsom, CA 95630**

**Ph: 984-2850  
Fax: 983-3566**

# CITY OF FOLSOM PARKS & RECREATION DEPARTMENT

## FEE SCHEDULE

### All Soccer Fields

1 hour field only  
1 hour field w/lights

### Resident Rate

\$60/hour  
\$75/hour

### Non Resident Rate

\$75/hour  
\$90/hour

<u>Facility</u>	<u>Resident Rate</u>	<u>Non Resident Rate</u>
Roller Hockey Rink	\$20/hour	\$30/hour
Roller Hockey Rink w/lights	\$30/hour	\$40/hour
Volleyball Court (Sand or Turf)	\$20/hour	\$30/hour
Volleyball Court w/lights	\$30/hour	\$40/hour
Tennis Court	\$5/hour	\$10/hour
Tennis Court w/lights	\$10/hour	\$15/hour

### Softball Practices

(Teams must be registered with ASA or provide proof of insurance)

	<u>Resident/Non Res.</u>
1 hour field only	\$15/hr / \$20/hr
Light Fees:	Additional \$15/hour
Prep for Field	Additional \$20.00

### Softball Field Picnic

(Minimum 4/hr. rental)

(Must provide certificate of insurance)

	<u>Resident/Non Res.</u>
4 hour field only	\$60.00 /\$80.00
Additional Hour	\$15/hr/\$20/hr
Lights per 4 hours	Additional \$40.00
Prep for Field	Additional \$20.00

Baseball Field Rental-(Grass Infields Only)		
	<u>Resident</u>	<u>Non Resident</u>
1 hour field only	\$25/hour	\$35/hour
Light Fees:	Additional \$15/hour	
Prep Fees:	Additional \$30	

### Tournaments/Private Leagues

	<u>Softball</u>	<u>Baseball</u>
Deposit to hold+	\$100.00	\$100.00
Security Deposit*	\$250.00	\$500.00
<u>Resident Field Rental</u>	<u>Per Field/Per Day</u>	<u>Per Field/Per Day</u>
1 Field	\$130.00	\$150.00
2 Fields	\$120.00	\$140.00
3 or more Fields	\$110.00	N/A
<u>Non Resident Field Rental</u>	<u>Per Field/Per Day</u>	<u>Per Field/Per Day</u>
1 Field	\$170.00	\$200.00
2 Fields	\$160.00	\$190.00
3 or more Fields	\$150.00	N/A

Mandatory Field Prep (after 3 games)      \$20.00      \$30.00

Mandatory Light Fee (when used)      \$30.00      \$40.00

+ Deposit (60 day written notification for full refund; 30 day written notification for half refund, if less than 30 days, no refund unless weekend is rebooked).

\* Security Deposit (Refundable unless needed to offset damages and clean-up).