



SPORTS FACILITY USE APPLICATION

PARKS AND RECREATION SERVICES

RENTAL REQUEST

Application Date: _____

Organization/Group Name (if applicable): _____

Primary Contact Name: _____ Title: _____

Group Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Non-Profit #: _____

EVENT TYPE

- Soccer Lacrosse Baseball/Softball Rugby Basketball Volleyball
 Party/Social Event Other (list): _____

Describe the organization and/or activity that will be taking place: _____

CLASSIFICATION- Select one

Group 2:

- School or Government Agency

Group 3: Orinda Resident Affiliation (at least 50% Orinda residents)

- School Adult League Private Group (Orinda resident private event)
 Non-Profit Youth League

Group 4: Non-Orinda Resident Affiliation (less than 50% Orinda residents)

- School Adult League Private Group (Orinda resident private event)
 Non-Profit Youth League

Group 5:

- Commercial/Business Agency

PROJECTED ATTENDANCE

Total Athlete #: _____ Male #: _____ Female #: _____

Average # of Athletes per Team: _____ # of Athletes live in Orinda: _____

FACILITY – Select one or rank preference

Wilder Sports Fields- Lights available on Fields 1 & 2 only

- Field 1- Artificial turf Field 2- Artificial turf Field 3- Natural turf

Orinda Sports Fields- Natural turf, no lights available

- Field A-Roadside Field B-Creekside

Pine Grove Sports Fields- Natural turf, no lights available

- Field A-West Field B-East

Wagner Ranch Gymnasium- Indoor Gymnasium

- Gymnasium

REQUEST TIMES- Including set-up & take-down time

Reoccurring request: Day/s _____ Time _____

Alternate: Day/s _____ Time _____

Day/s _____ Time _____

Day/s _____ Time _____

Individual requests: Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

ADDITIONAL INFORMATION REQUIRED TO BE ATTACHED

Roster with Athlete Name and Address

Certificate of Insurance Naming City of Orinda as Additionally Insured