

## City of Foster City Parks and Recreation Department 650 Shell Blvd. Foster City, CA 94404 650-286-3380

Application and Fees Due: Friday, May 27, 2022

APPLICANT INFORMATION			
Business Name:			
(As it is to appear in publicity information			
Contact Name:		Telephone #	Alternate Phone #
Address:		Email:	
City/State/Zip Code:		Please send me information on becoming an Event Sponsor	
REQUESTED PARTNERSHIP OPPORTUNITY			
INFORMATION BOOTH		VOLUNTEER SHIFT (mark all that apply)	
RESIDENT NON-PROFIT \$150		BEER AND WINE SERVICE:  *Group must provide 6 volunteers per shift  *Requested time slots are not guaranteed  Saturday, August 20 Sunday, August 21  10:30am – 3:00pm 10:30am – 1:30pm 2:30pm – 7:30pm 1:00pm – 4:30pm 1:00pm – 4:30pm 5  Volunteer Benefits:  *Groups will receive \$50 off their booth registration fee.  *Resident non-profit groups will have their booth registration fee waived.  *Groups may also have a "tip jar" available during their serving shift and will retain 100% of the tips/donations received.  *Groups who volunteer will be listed as an event partner on the event website.	
AGREEMENT FOR USE  Applicant hereby agrees to hold the Estero Municipal Improvement District, the Parks and Recreation Department, the City of Foster City, the individual members thereof and all District and City agents and employees free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of said facility. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damages sustained to the turf, lights, nets, tables, or equipment or damages sustained to the above shall be compensated within seven days. I realize that the reservation is granted with the understanding that the Department may cancel when the facility is needed for its own program. It is my responsibility to notify the Department of any cancellation on my part. Permit must be shown upon request. I understand and agree to abide by all rules as outlined in the Athletic Field Use and Allocation Guide. Submission of this form is not a guarantee for use.  Applicant Signature:			
OFFICE USE ONLY  Date Received: Fees Received: Y/N Amount: Non-profit Status Received: Y/N *if applicable			
Scheduled:  Initials:			