

CITY OF LEMOORE
19TH AVENUE PARK

FIELD RESERVATION FORM

SECTION I - GENERAL INFORMATION

A. For Individual Use

1. Name _____ Phone No. _____
2. Address _____ City _____
3. Resident of Lemoore: Yes _____ No _____

B. For Organization or Group Use

1. Name of Organization or Group _____
2. Organization/Group Address _____
3. Name of Responsible person _____
Address _____ Phone No. _____
4. Is this a non-profit organization/group? _____ Yes _____ No _____
5. Is the Group/Organization composed of members who reside within Lemoore?
_____ Yes _____ No _____

SECTION II – RESERVATION INFORMATION

A. Requested Date and Time (s) of use:

Day of Week Date Field Time
_____ _____ _____ _____ m to _____ m

B. Type of Use _____
Please describe in full: _____

C. Estimated Attendance: _____

PLEASE NOTE:

- **Alcoholic Beverages are not allowed in the Park.**
- **Vehicles are not allowed in the Park.**
- **Please leave facility clean.**

NO REFUNDS

I, the undersigned, hereby agree to hold the City of Lemoore Free and Harmless from any liability in connection with the use of the park.

Date: _____ Signature: _____
Title: _____

NO REFUNDS

Parks and Recreation Department Approval

Date Received: _____ Received by: _____ Receipt # _____

Application: _____ Approved _____ Denied _____

Reason for Denial: _____

Parks and Recreation Director: _____ Date: _____