



City of Hughson
 7018 Pine St. / P.O. Box 9
 Hughson CA 95326
 Phone: 209-883-4054 - Fax: 209-883-2638
LEBRIGHT FIELDS APPLICATION FORM

Applicant Name: _____

Address: _____ City/State/Zip: _____

Mailing Address (If Different): _____ City/State/Zip: _____

Phone: _____ Alt. Contact: _____ Alt. Phone: _____

E-mail Address: _____

EVENT DATE(S): _____ Day(s) of the Week: _____ Requested Hours: _____

Event Type: _____ Lights: Y / N

Classification of Event: General Public Private **Fundraiser: Y / N** **Event for Minor Y / N**

Food: Sold Served No Food **Food Prep:** On site Off site

Entertainment: Y / N **Entertainment Type:** _____

Booth: Y / N **Inflatable: Y / N** **Tent: Y / N** **Size:** _____

Street Closure: Y / N **** Permit Required **** Approved Not Approved

Alcohol: Y / N **Sold: Y / N** **Served: Y / N**

Notes: _____

*A letter must be submitted for approval of alcohol at any park event. NO ALCOHOL will be allowed at minor events.

I declare the above stated information is true and correct to the best of my knowledge and understand my reservation is subject to cancellation if actual information differs significantly from the above.

 Signature of Applicant

 Date

*****OFFICE USE ONLY*****

RENTAL & USE OF FIELDS	LOCAL	NON LOCAL	LOCAL NON PROFIT	NON LOCAL NON PROFIT
Field # 1	\$15.00	\$30.00	\$10.00	\$20.00
Field # 2, 3, 4, or 5	\$10.00	\$20.00	\$5.00	\$10.00
Tournament	\$75.00	\$150.00	\$50.00	\$100.00

HUGHSON YOUTH BASEBALL ASSOCIATION: \$200.00 PER MONTH (JAN. 1ST - JULY 31ST)

HUGHSON HUSKIES YOUTH FOOTBALL:

HUGHSON OILERS YOUTH FOOTBALL:

REFUND STATUS:

Date Requested: _____ Check Number: _____ Date Mailed Out: _____

RECEIVED BY: _____
 DATE PAID: _____
 CARD _____
 CHECK _____
 CASH _____
 PAID Y / N