



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:	
<b>EVENT DATE(S):</b>	<b>Day(s) of the Week:</b> <b>Requested Hours:</b>
<b>Event Type:</b> <b>Lights: Y / N</b>	
<b>Classification of Event:</b> <input type="checkbox"/> General Public <input type="checkbox"/> Private <b>Fundraiser: Y / N</b> <b>Event for Minor Y / N</b>	
<b>Food:</b> <input type="checkbox"/> Sold <input type="checkbox"/> Served <input type="checkbox"/> No Food <b>Food Prep:</b> <input type="checkbox"/> On site <input type="checkbox"/> Off site	
<b>Entertainment: Y / N</b> <b>Entertainment Type:</b>	
<b>Booth: Y / N</b> <b>Inflatable: Y / N</b> <b>Tent: Y / N</b> <b>Size:</b>	
<b>Street Closure: Y / N</b> <b>** Permit Required **</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
<b>Alcohol: Y / N</b> <b>Sold: Y / N</b> <b>Served: Y / N</b>	*A letter must be submitted for approval of alcohol at any park event. NO ALCOHOL will be allowed at minor events.
*PROOF OF LIABILITY INSURANCE IN THE AMOUNT OF 1,000,000.00 WITH THE CITY OF HUGHSON AS ADDITIONAL INSURED MUST BE PROVIDED.	

DATE MAILED:

CHECK NUMBER:

**Communicable Disease Waiver and Release:** Undersigned waives and releases the City from any and all claims, causes of action, allegations, or assertions that may arise relating to infection of any person by COVID-19 or other communicable disease that occurs, or is alleged to occur, during the event. Undersigned also agrees to defend, indemnify, and hold City harmless from any and all claims, causes of action, allegations, or assertions made against City of City's employees arising from or relating to actual or alleged infection occurring during the event, except where caused by the sole negligence or willful misconduct of the City.

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

DATE REQUESTED:

	***OFFICE USE ONLY***			
<b>RENTAL &amp; USE OF FIELDS</b>	<b>LOCAL</b>	<b>NON LOCAL</b>	<b>LOCAL NON PROFIT</b>	<b>NON LOCAL NON PROFIT</b>
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:**

**NOTES:**

REFUND STATUS: