City of Torrance, Community Services Department

RECREATION FACILITY REQUEST/APPLICATION

Application for Use of the Roller Hockey Rink at Wilson Park

PLEASE COMPLETE AND RETURN TO:

City of Torrance
Community Services Department/Facility Booking Office
3031 Torrance Boulevard, Torrance, CA 90503
(310) 618-5982 ● Fax (310) 781-7598

NOTE TO APPLICANT: Please type or print firmly using a ball point pen. Any person applying for the use of City property on behalf of any society, group or organization must present satisfactory credentials to the Community Services Department representative in charge of permits, prior to the filing of such applications.

Date of Application: _____

1. Name of Representative: _____ Hm. Phone: _____ Wk. Phone: _____

   Address: _____ City: _____Zip Code: _____

2. Name of Organization: _____ Wk. Phone: _____

   Address: _____ City: _____Zip Code: _____

3. Name of Alternate Representative: _____ Phone: _____

4. Type of Organization: □ Resident □ Non-Resident □ Private □ Commercial

   □ Non-Profit 501(c)3 # _____

5. Day/Date Requested: _____, _____, _____
   (1st Choice) (2nd Choice) (3rd Choice)

   OR continuous dates from: _____ to: _____ inclusive.

6. Time Requested: _____ A.M./P.M. to _____A.M./P.M. Total Number of Hours: _____

7. Type of Activity: _____

8. Estimated Attendance: _____.

9. Group is responsible for set-up and clean-up, for observing all facility Rules and Regulations, and for maintaining an acceptable standard of behavior. Failure to do so may result in PARTIAL/FULL loss of security deposit. *Please initial here:* _____

10. Signature of Person Requesting Reservation: _____

FOR OFFICE USE ONLY

FEES		Date Paid: _____
Roller Hockey Rink _____Hrs @ _____	$ _____	Check # _____
Refundable Deposit	$ _____	Receipt #_____
Staff Fees	$ _____	Fee Rate:
Other _____	$ _____	□ Standard □ Non-Profit □ Waiver
TOTAL FEES	$ _____	

The above application □ IS □ IS NOT granted.
John Jones, Community Services Director

By: _____ **Date** _____

AT:JM:tlk 2-10-11