City of Torrance, Community Services Department
RECREATION FACILITY REQUEST/APPLICATION

Application for Use of Dee Hardison Sports Center at Wilson Park

PLEASE COMPLETE AND RETURN ALL THREE COPIES 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. Will you be selling merchandise? □ No □ Yes If yes, copy of Business License must be submitted with application.

6. Specify Facility: □ Court 1 □ Court 2 □ Lobby □ Main Court □ Multi-Purpose Room □ Plaza

7. Day/Date Requested: _____, _____, _____
   (1st Choice) (2nd Choice) (3rd Choice)
   OR continuous dates from: _____ to: _____ inclusive.

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

9. Type of Activity: _____

10. Estimated Attendance: _____. For large events please attach plans/proposal with application.

11. 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:* _____

12. Signature of Person Requesting Reservation: _____

FOR OFFICE USE ONLY

FEES			**OTHER**
Courts/Multi-Purpose Room		Date Paid: _____	_____
_____Hrs @ _____	$ _____	Check # _____	_____
Refundable Deposit	$ _____	Receipt #_____	_____
Insurance Fee	$ _____		_____
Permit Fee	$ _____		_____
Staff Fees	$ _____	Fee Rate:	_____
Other _____	$ _____	□ Standard □ Non-Profit □ Waiver	Refund Process Started Date: _____
TOTAL FEES	$ _____		□ Refund Denied: See attached

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

By: _____ **Date** _____

WHITE-File YELLOW-User PINK-Park Staff

RB:JM:tlk 11-25-09