



City of Torrance - Community Services Department

Facility Booking Office: 3031 Torrance Blvd., Torrance, CA 90503

Phone: (310) 618-5982 • Fax: (310) 781-7598

E-Mail: FacilityBooking@TorranceCA.Gov

LA GALAXY SPORTS COMPLEX RENTAL PACKET

RENTAL CHARGES (As established in Resolution No. 2018-35)

The following charges are for one (1) regulation field and are defined as follows:

	Peak*	Non-Peak**	Light Fee
Group A	N/A	N/A	N/A
Group B	\$85 per hour	\$85 per hour	\$15 per hour
Group C	\$110 per hour	\$85 per hour	\$15 per hour
Group D	\$135 per hour	\$110 per hour	\$15 per hour
Group E	\$160 per hour	\$135 per hour	\$15 per hour

*Peak is defined as weekdays between 4:00 p.m. – 10:00 p.m. (excluding City Holidays), weekends between 7:00 a.m. – 6:00 p.m., and summer weekdays between 7:00 a.m. – 4:00 p.m.

**Non-Peak is defined as weekdays (excluding summer) from 6:00 a.m. – 4:00 p.m., (excluding City Holidays), and weekends and City Holidays from 6:00 p.m. – 10:00 p.m.

FIELD ALLOCATION PLAN

Fields will be allocated to groups as follows:

- Group A: City of Torrance Sponsored Special Events and Activities.
- Group B: Torrance Unified School District (“TUSD”) activities, Torrance-based non-profit Youth organizations, and Torrance-based private schools in which the majority of participants (50%+) are Torrance residents.
- Group C: Torrance based non-profit Adult organizations and service clubs in which the majority of participants (50%+) are Torrance residents.
- Group D: Torrance residents and Torrance for-profit businesses.
- Group E: Non-Torrance residents, Commercial groups and/or filming fees.

GENERAL INFORMATION

- A deposit of \$500 is required, unless a credit card authorization form is on file.
- Continental Development designated parking hours Monday through Friday 6:30 p.m. - 10:59 p.m. and on Saturday and Sunday from 8 a.m. - 10:59 p.m.
- If it is necessary to cancel a reservation, please notify the Facility Booking Office two (2) business days prior to the reservation date. Twenty percent (20%) of the reservation fee will be retained on all cancellations.

INSURANCE

All Long-Term User Groups are required to provide proof of Comprehensive General Liability Insurance in the minimum amount of One Million Dollars (\$1,000,000) single limit coverage with a \$2,000,000 aggregate and an Additional Insured Endorsement. Additional insured language must be included and read as follows:

“The Continental Development Corporation, CDC Madrona, LLC, City of Torrance, the Successor Agency to the former Redevelopment Agency of the City of Torrance, the City Council, and each member thereof, members of boards and commissions, and every director, officer, agency, official, employee, tenant and volunteer.”

Should you have any questions or concerns, please feel free to contact the Facility Booking Office at (310) 618-5982, by email at FacilityBooking@TorranceCA.Gov, or visit the City website at www.TorranceCA.Gov.

RULES AND REGULATIONS

- Organized use of this facility requires a permit. The fields are only available for use when an authorized City employee is present, and the fields are unlocked.
- The Permittee and their users shall not park in the parking lot of the property that surrounds the LA Galaxy Sports Complex. They should park on the street or after hours in the court parking lot. Violation of this parking provision will lead to cars being towed and loss of their Facility Use Permit.
- Fields may be closed at any time due to safety related or maintenance concerns. Failure to comply with these rules will result in immediate cancellation of reservation.
- Staff reserves the right to refuse service to any participant and/or spectator who violates any policy or procedure or engages in any verbal and/or physical abuse of the fields or staff.
- No formal practice without prior field reservation (permit). Reservation must adhere to designated field, unless approval is given by the Facility Supervisor on duty.
- Only molded cleats or athletic shoes are permitted.
- Approved athletic equipment only.
- Soccer goals must have turf wheels attached. No dragging allowed.
- Unauthorized users will be asked to leave.
- Requests for refunds, cancellations and/or changes must be submitted at least seven (7) business days before the event. A 20% administrative fee will be withheld from the total paid. Any cancellations after that time will not be refunded or credited.

PROHIBITED ITEMS AND ACTIVITIES

- Food items including gum, candy, and sunflower seeds. No sports drinks or liquids other than water are allowed.
- Glass containers and aluminum cans.
- No painting, chalking, tape or other adhesive material shall be placed on the field surface without prior approval.
- No sharp objects that can penetrate the field surface including folding chairs with straight legs.
- No animals (except to assist persons of disability).
- No motor vehicles allowed on the field surface except for maintenance or emergency.
- Bicycles or scooters allowed on the field surface.
- Golf (TMC 49.2.7)
- Consumption of alcoholic beverages (TMC 49.2.6).
- Smoking (TMC 49.2.11).
- Fireworks or any open flame.
- Model planes or rockets.
- No stakes, spikes or other pointed materials may be used for anchoring anything on the athletic fields.
- Climbing the fence.

Please contact Facility Booking at (310) 618-5982 or FacilityBooking@TorranceCA.Gov with questions prior to usage.

I agree to the above mentioned rules regarding the LA Galaxy Sports Complex. Any damage or extra cleaning will be billed immediately to my group/organization and will also result in having future Permits denied.

Name: _____

Signature: _____ Date: _____



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LA GALAXY SPORTS COMPLEX APPLICATION

APPLICANT INFORMATION

NOTE TO APPLICANT: Any person applying for the use of City property on behalf of any group or organization must present credentials to the Community Services Department representative in charge of permits prior to the filing of such applications.

Date of Application: _____ E-Mail Address: _____

Name of Representative: _____ Hm. Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip Code: _____

Name of Organization: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Name of Alternate Representative: _____ Phone: _____

Type of Organization: ☐ Resident ☐ Non-Resident ☐ Private/Commercial ☐ Non-Profit 501(c)3 # _____

FIELD INFORMATION

Circle One: 1 Field 2 Fields

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

OR continuous dates from: _____ to: _____ inclusive.

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

Type of Activity & Age Level: _____ Estimated Attendance: _____

USERS MUST AGREE TO THE FOLLOWING TERMS

Group is responsible for observing all Sports Complex Rules and for maintaining an acceptable standard of behavior; failure to do so may result in the cancellation of the permit. **Initial:** _____

Signature of Person Requesting Reservation: _____

**If more than one facility/season is requested, please include both on a separate attachment.*

FOR OFFICE USE ONLY		
FEES		OTHER
Field Use _____ Hrs. @ _____ \$ _____	Date Paid: _____	_____
Lights _____ Hrs. @ _____ \$ _____	Check # _____	_____
Refundable Deposit \$ _____	Receipt # _____	_____
Other _____ \$ _____	_____	_____
TOTAL FEES \$ _____	Group Rate: ☐ A ☐ B ☐ C ☐ D ☐ E	Refund Process Started Date: _____
	Discount ☐ 20% ☐ 40% ☐ Other	☐ Refund Denied: See attached

The above application ☐ IS ☐ IS NOT granted.

By: _____ Date: _____



ADDITIONAL AGREEMENT REGARDING RENTAL OF THE CITY OF TORRANCE SPORTS FIELDS

CHECK THE FOLLOWING BOXES

☐

Provide the requisite insurance required by the City.

☐

Review and agree to the Tournament Policy and Sport Field Rental Policy.

☐

All requests for refunds must be made at least seven (7) business days before the event. A 20% administrative fee will be withheld from the total paid.

Any cancellations after that time will not be refunded or credited. All changes to the reservation must be made at least seven (7) business days prior to the event. You may make one major change (date, locations) without penalty, however any additional changes will incur a 10% administrative fee.

☐

Comply with all federal, state, local laws, ordinances, rules and regulations applicable to its event and rental of the City of Torrance Sports Field.

☐

Provide proof of Comprehensive General Liability Insurance in the minimum amount of One Million Dollars (\$1,000,000) single limit coverage with a \$2,000,000 aggregate and an Additional Insured Endorsement. Additional insured language must be included and read as follows:

THE CITY OF TORRANCE, THE CITY COUNCIL AND EACH MEMBER THEREOF AND EVERY OFFICER AND EMPLOYEE OF THE CITY, AND EVERY MEMBER OF BOARDS AND COMMISSIONS.

Applicant Signature: _____ Date: _____



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REQUEST TO PAY BY CREDIT CARD

PERMIT DELIVERY

Please choose one (1) option.

I would like my permit and receipt:

☐ E-Mailed: _____

☐ Mailed – Reservation date must be at least two (2) weeks in the future.
Please indicate address if different on reservation/application form:

CREDIT CARD INFORMATION

I hereby authorize use of my: ☐ Visa ☐ MasterCard
☐ Discover ☐ American Express

Print Name As It Appears on Card: _____

Credit Card Number: _____ Zip Code: _____

Expiration Date Month: _____ Year: _____ CVV#: _____ Amount Authorized \$ _____

Signature: _____ Date: _____

A surcharge will be added to all credit and debit card transactions.

DAMAGES, OVERAGE AND IMPROPERLY INCURRED EXPENSES

In the case of any damage to the facilities being rented or if the facilities are not left in the same condition that they were in before the start of this contract, damages or expenses (cleaning, repair, replacement, and otherwise) will be billed directly to the credit card provided for this purpose. For building, gym, pool and rink reservations, the hourly fee will be charged for each portion of an hour that you stay past your scheduled end time. In addition to the amount incurred in damages, the credit card on file may be charged up to \$500.00 for any breach of contract.

I have read and understand Damages, Overage and Improperly Incurred Expenses and authorize my credit card to be charged.

Signature: _____ Date: _____

Please include with a completed application to:

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