



**City of Claremont
Community & Human Services Department
Youth Sports Committee**

**Youth Athletic Facility Self Imposed User Improvement Fund
Collection Reporting Form**

Organization: _____

Board member: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Period Reporting: ___ Spring/Summer (Jan.–Jun.) ___ Fall/Winter (Jul.-Dec.)

Registered Participants: _____

Less City Scholarship: (_____)

Revised Total: _____

Fee: **\$5 per participant**

AMOUNT DUE: _____

Please make check payable to the City of Claremont.

Submit To: Claremont Human Services
1700 Danbury Road
Claremont, CA 91711

Fees due June/December or sooner. Fees collected will be posted and shared with updated balances at the next regularly scheduled Youth Sports Committee Meeting.

I certify that all statements I have made on this application are true and correct. I hereby authorize the City of Claremont to investigate the accuracy of this information from any person or organization, and I release City of Claremont and all persons and organizations from all claims and liabilities arising from such investigations or the supplying of information for such investigations.

The information furnished on this form is subject to verification. I acknowledge that any false information or required paper work not turned in, the Youth Sports Organization will automatically forfeit its field, court, or rink use privileges. In order to receive field, court, and rink allocation, all items must be checked and required paper work turned in. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of field allocation.

SIGNATURE: _____

Authorized Sports Group Representative

DATE: _____