

## City of Hughson 7018 Pine St. / P.O. Box 9 Hughson CA 95326 Phone:209-883-4054 - Fax:209-883-2638

## STARN PARK APPLICATION FORM

Applicant Nar	ne:						
Address:				City/State/Zip:			
Mailing Address (If Different):				City/State/Zip:			
Phone: Alt. Contact:				Alt. Phone:			
E-mail Address:							DATE MAILED OUT:
EVENT DATE(S): Day(s) of the Week:				Requested Hours:			AILEI
Event Type: Lights: Y / N							$\mathbf{M}$
Entire Park \$150/\$250 Large Covered Area \$50 Small Covered Area \$35 Uncovered \$30 Concession Stand \$25 (With Area or Field Rental \$15) Field Y / N (local \$30/other \$60 3hrs) (Tournament local \$125/other \$250)							DATE
Classification of Event: General Public Private Fundraiser: Y / N Event for Minor Y / N  Food: Sold Served No Food Food Prep: On site Off site							
Entertainment: Y / N Entertainment Type: Non-Profit: Y / N							
Booth: Y / N Type: Tent: Y / N Size:							
Street Closure: Y / N ** Permit Required ** Approved Not Approved							BER:
Alcohol: Y / N Sold: Y / N Served: Y / N  A letter must be submitted to the Community Development Direction approval of alcohol at any event.							NUM
		ITY INSURANCE IN THE AM Y OF HUGHSON NAMED A MUST BE PROVIDED*	OUNT OF \$1,000,000.00 S ADDITIONAL INSURED	*No alcohol will be permitted at an event for a minor.			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.							C
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.							TED:
Signature of Applicant Date							SOLES
***OFFICE USE ONLY***							DATE REQUESTED:
Rental Fee	CODE	AMOUNT	DATE DUE	DATE PA	ID	REC. BY	DATE
In town Out of town Lg. Cov. Area Sm. Cov. Area Uncovered Concession Baseball Field Lights Park Deposit Conc. Deposit	RENTP  DEPP DEPP	\$150.00 \$250.00 \$50.00 \$35.00 \$30.00 \$25.00/\$15.00 \$30.00/\$60.00 \$23.00 ph \$100.00					REFUND STATUS: