CITY OF MISSION VIEJO

SPORT FIELD RESERVATION FORM

Organization/Group Name:_____Priority Group:_____

Representative:_____Home Telephone: ( )_____

Address:_____City:_____Zip Code:_____

Email:_____Fax: ( )_____Cell: ( )_____

SPORT FIELD ACTIVITY:_____Adults_____Youth_____

Sport Field	Start – End Dates	Day (s)	Times	Attendance

Conditions of Seasonal Field Use:

1) Submit a new team roster (s) with name, address & telephone.
2) Submit current utility bills, confirming each team player's Mission Viejo address.
3) Insurance Certificate, naming the City of Mission Viejo as the additional insured.

Please send to:

City of Mission Viejo
Recreation & Community Services Department
200 Civic Center
Mission Viejo, CA 92691
(949) 470-3061
(949) 581-0795 Fax

Initiated By:_____Date:_____

Approved By:_____Date:_____