



SPORTS FACILITY USE PERMIT APPLICATION

BASEBALL/SOFTBALL/FOOTBALL

City of Tracy
Parks & Recreation Department
Aquatics, Athletics & Community Facilities

333 Civic Center Plaza
Tracy, CA 95376

Telephone (209) 831-6201
Fax (209) 831-6218

Allocation Period: January-June (*due 09/29/23*)
 July-December (*due 03/29/24*)

APPLICANT INFORMATION *(Please Print Clearly)*

Organization Name:

Address/City/State/Zip:

Classification: Non-Profit Organization Private Citizen Commercial (for profit) Business

Sport:	Age Group: <input type="checkbox"/> Youth (17U) <input type="checkbox"/> Adult (18+) <small><i>(Youth/Adult Leagues must be submitted on separate apps.)</i></small>	Total # Org. Members: <small><i>(Attach current rosters with addresses)</i></small>
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Applicant Name: <small><i>(Authorized to act on behalf of org.)</i></small>	Date of Birth: <small><i>(Must be 21 or over)</i></small>
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Applicant Org. Title: <small><i>(Manager, Coach, President, etc.)</i></small>	Email:
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Cell Phone:	Alt. Phone:
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On-Site Contact Person:	Contact Person's Cell Phone:
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SEASON INFORMATION

Event Date/Date Range: <small><i>(Attach additional sheets as needed)</i></small>	Season Reg. Deadline:
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Skip Dates:
(holidays, school breaks, etc.)

FACILITY INFORMATION (* = Lights available; practices/games must end by 10pm.)

Rank Preferred Location(s): <small><i>Rank preferred fields (1=1st choice.)</i></small>	# Fields Requested	Preferred Field(s):	Base Distance:	Day(s) <small><i>(e.g. Tu/Th)</i></small>	Start→End Times: <small><i>Include setup/cleanup</i></small>
___ Clyde Bland Park		<input type="checkbox"/> Ballfield	<input type="checkbox"/> 60' <input type="checkbox"/> 65' <input type="checkbox"/> 70'		
___ Galli Family Park		<input type="checkbox"/> Ballfield	<input type="checkbox"/> 60' <input type="checkbox"/> 65'		
___ Legacy Fields West Ballfields		<input type="checkbox"/> Any Field(s) OR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 60' <input type="checkbox"/> 65' <input type="checkbox"/> 70'		
___ Legacy Fields East Ballfields		<input type="checkbox"/> Any Field(s) OR <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 60' <input type="checkbox"/> 65' <input type="checkbox"/> 70'		
___ Tiago Park (<i>grass infield</i>)		<input type="checkbox"/> North <input type="checkbox"/> South	<input type="checkbox"/> 60'		
___ Ritter Family Ball Park – North		<input type="checkbox"/> Ballfield / Outfield	<input type="checkbox"/> 90'		
___ Ritter Family Ball Park – South		<input type="checkbox"/> Ballfield / Outfield	<input type="checkbox"/> 60' <input type="checkbox"/> 65' <input type="checkbox"/> 70'		
___ Tracy Sports Complex Ballfields*		<input type="checkbox"/> Any Field(s) OR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 60' <input type="checkbox"/> 65' <input type="checkbox"/> 70'		
___ Veterans Memorial Park*		<input type="checkbox"/> Ballfield	<input type="checkbox"/> 60' <input type="checkbox"/> 65'		

TSC/Legacy ballfield scoreboards: NO YES (*contact person must leave driver license with City staff on site*)

Softball fences (TSC ballfields only): NO YES: Fields: 1 2 3 4 (*add'l fee per field applies*)

Field Prep (initial full prep included)**: <input type="checkbox"/> A: Light Watering <input type="checkbox"/> B: Light Field Prep <input type="checkbox"/> C: Full Field Prep	
** Email game field prep requests to sportsfields@cityoftracy.org by Monday, two weeks prior to tournament start.	
Admission Charged? <input type="checkbox"/> NO <input type="checkbox"/> YES (add'l gate fee)	# Vehicle Access permits: _____ (add'l fee per vehicle)
OTHER SERVICES & AMENITIES	
Amplified Sound: <input type="checkbox"/> NO <input type="checkbox"/> YES (City permit required for amplified sound)	
Power: <input type="checkbox"/> NO POWER <input type="checkbox"/> YES (power access not available at all facilities)	
FOOD PREP/FOOD & MERCHANDISE VENDORS	
Food: <input type="checkbox"/> YES: pre-packaged food/drinks only <input type="checkbox"/> NO FOOD <input type="checkbox"/> YES: food prepared/heated on site by vendor - Temporary Event App (SJC Environmental Health) required	
Approved Food & Merchandise Vendors to include on permit (list):	
<input type="checkbox"/> Each food vendor must display a City of Tracy business license and all applicable food safety certifications.	
OTHER SCHEDULING NOTES (Attach additional sheets as needed)	
REQUIRED ATTACHMENTS	
<input type="checkbox"/> Proof of non-profit status, if applicable (if not already on file) <input type="checkbox"/> Current certificate of insurance <u>and</u> endorsement page (if not already on file) <input type="checkbox"/> Map(s) showing planned field lining with dimensions for <u>each field</u> requested <input type="checkbox"/> Signed Acknowledgment Form from 2024 Sports Field Reservation Handbook. <input type="checkbox"/> Updated Authorized Agent List <input type="checkbox"/> Current or most recent season league rosters in <u>Excel format</u> (current within one calendar	
PAYMENT PREFERENCE	
<input type="checkbox"/> Pay in full at time of booking <input type="checkbox"/> Monthly Payment Plan: Permit holder is responsible for making monthly payments by 15 th of each month to avoid suspension/cancellation of permit. Payments can be delivered, mailed, or paid online with a credit card.	

INDEMNITY, HOLD HARMLESS, AND DEFENSE AGREEMENT

Permittee shall indemnify, defend, and hold harmless the City of Tracy (including its elected officials, officers, agents, volunteers, and employees) from and against any and all claims, demands, damages, liabilities, costs, and expenses (including court costs and attorney’s fees) resulting from or arising out of Permittee’s performance of the activities permitted under the Permit to which this Agreement was required as part of the application process.

I declare that I am authorized to make this application and to agree to this Indemnity, Hold Harmless, and Defense Agreement, and, to the best of my knowledge and the belief, all the information given herein is true, accurate, and complete. I have read and understand the above Indemnity, Hold Harmless, and Defense Agreement and understand that if this application is approved, that this agreement shall be binding upon myself and the organization or group I represent.

By signing this Agreement, I ACKNOWLEDGE THAT I HAVE BEEN AFFORDED THE OPPORTUNITY TO HAVE COUNSEL OF MY CHOOSING ADVISE ME, AND THAT I HAVE READ AND UNDERSTAND AND VOLUNTARILY AGREE TO THIS INDEMNITY, HOLD HARMLESS AND DEFENSE AGREEMENT.

Applicant Signature: _____

Date: _____