



CITY OF HAWTHORNE COMMUNITY SERVICES DEPARTMENT

3901 W. EL SEGUNDO BLVD. HAWTHORNE CA 90250, 310-349-1640

EMAIL: KORTIZ@CITYOFHAWTHORNE.ORG

ATHLETIC FACILITY RENTAL APPLICATION

Required for all Facility Reservations:

1. This application
2. Team Roster (Only to apply the resident rate for teams/organizations)
3. Certificate of Insurance
 - o All users are required to provide certificate of insurance naming the City of Hawthorne as additionally insured, listed at: City of Hawthorne, 3901 W. El Segundo Blvd, Hawthorne, CA 90250. Policy must additionally insure the City for \$1,000,000 per incident. City may require additional insurance based on proposed activity.

Application Information

Name : _____

Team/Organization Name (If Applicable): _____

Address: _____

City: _____ State/Zip Code: _____

Primary Phone: _____ Email Address: _____

Person Location Contact (If different than Application Holder): _____

Requested Facility Reservation

Facility Requested (Choose Below)

Softball/Baseball Field: _____ Holly Park _____ Jim Thorpe Park

Soccer Field/Area: _____

Basketball Courts: _____ Sports Center _____ Outdoor Court: (location) _____

Futsal Courts: _____ Memorial Park _____ Jim Thorpe Park

Picnic Shelter: _____ Park Location: _____

Requested Dates: _____

Requested Times: _____

Anticipated Attendance: _____

Facility Events/Usage Details: _____



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Reservation Information

1. BEFORE PERMIT SHALL BE ISSUED, PERMITTEES SHALL FURNISH AN INSURANCE POLICY FOR LIABILITY INSURANCE COVERAGE SHALL NOT BE LESS THAN \$1,000,000 AS A COMBINED SINGLE LIMIT.
 - THE CITY OF HAWTHORNE AND ALL OFFICERS AND EMPLOYEES THEREOF SHALL BE NAMED AS COINSURED.
 - ALL POLICIES OR CERTIFICATES MUST CONTAIN THE FOLLOWING PROVISION: "THIS POLICY (OR CERTIFICATE) SHALL NOT BE CANCELLED OR MATERIALLY ALTERED PRIOR TO SENDING THIRTY (30) DAYS WRITTEN NOTICE THEREOF TO THE DIRECTOR, COMMUNITY SERVICES DEPARTMENT OF THE CITY OF HAWTHORNE.
 - THE ORIGINAL INSURANCE POLICIES OR CERTIFICATE MUST BE SUBMITTED TO THE CITY ATTORNEY AT LEAST FOURTEEN (14) DAYS PRIOR TO DATE THE FACILITY TO REQUESTED. BLINDERS ARE NOT ACCEPTABLE.)
2. THE PERMITTEE PROMISES TO, AND SHALL HOLD HARMLESS AND DEFEND AND INDEMNIFY THE CITY, ITS OFFICERS AND EMPLOYEES, FROM EVERY LIABILITY, CLAIM OR DEMAND WHICH MAY BE MADE BY REASON OF ANY INJURY TO ANY PERSON OR PROPERTY IN THE FACILITY SUBJECT TO THIS PERMIT DURING THE TIME GRANTED BY THIS PERMIT, WHATEVER THE CAUSE.

I/WE THE UNDERSIGNED, AS AUTHORIZED REPRESENTATIVE/S OF _____
HAVE READ AND FULLY UNDERSTAND AND (EACH OF US) AGREE TO ADHERE TO THE CITY OF HAWTHORNE'S "REGULATIONS FOR USE OF CITY FACILITIES."

DATE: _____

Select Payment of Method

PAYMENT METHOD:

- **CASH** _____
- **CREDIT CARD** _____
- **CHECK (PAYABLE TO CITY OF HAWTHORNE)** _____