

**City of Campbell
Recreation Department**

FIELD/FACILITY USE REQUEST

Organization: _____
Address: _____
City, State, Zip: _____

Event Name/Activity: _____
Non-Profit I.D.# _____
Estimated Attendance: _____

Contact Person: _____
Mailing Address: _____
City, State, Zip: _____

Daytime Phone: _____
Evening Phone: _____
E-mail Address: _____

Note: Please list requests chronologically

	SITE	FACILITY	ACTIVITY	DAY(S)	START DATE	END DATE	SKIP DATES	START TIME	END TIME
	CCC	Main Gym	Basketball Practice	M	1/8/2018	1/29/2018	15-Jan	7pm	9pm
			<i>Sample Above</i>						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

(attach additional sheets as necessary)

Return completed application to the Community Center c/o BJ Hathaway
BJH@CampbellCA.gov or to recreation@campbellca.gov

<p>FOR OFFICE USE ONLY Date received: _____ Permit #: _____</p>
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