Picnic Reservation Agreement

400 Old Bernal Ave. Pleasanton, CA 94566
Mailing address: P.O. Box 520 Pleasanton, CA 94566
Email: recreation@cityofpleasantonca.gov Phone: 925-931-5340

Pleasanton Police Dept: 925-931-5100

Permit #: _____

☐ Fire Permit

PICNIC AREA

Picnic Area Requested:

☐ **Creekside Community Park (40)** *5604 W. Las Positas Blvd.*

☐ **Bernal Community Park (110)** *7001 Pleasanton Ave.*

☐ **Val Vista Community Park Site B (150)** *7350 Johnson Dr.*

☐ **Amador Valley Community Park (200)** *4301 Black Ave.*

☐ **Ken Mercer Sports Park (200)** *5800 Parkside Dr.*

☐ **Val Vista Community Park Site A (250)** *7350 Johnson Dr.*

Date	Day of Week	Rental Start Time	Rental End Time
	☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa		

RENTER INFORMATION

Name of Organization/Company: _____

Name of Responsible Party: _____

Phone: _____ **Email:** _____

Address: _____ **City/State** _____ **Zip** _____

PICNIC INFORMATION

Type of Event: _____ **Estimated Attendance:** _____

☐ **Food/Caterer:** _____ **Pleasanton Business License:** _____

Portable BBQ: ☐ **Yes** ☐ **No**

PICNIC RESERVATION PROCEDURE AND GENERAL RULES

Initial_____ I have read the Picnic General Rules, and agree to, and will abide by those rules

HOLD HARLMESS AND COMPLIANCE AGREEMENT

I certify that the above information is accurate. I certify that I have read the Picnic General Rules pertaining to picnic site use and agree to comply with the Picnic General Rules. I further agree to be personally responsible for informing those using the picnic site as scheduled in the Agreement of the Picnic General Rules and other applicable regulations of the City. I, or my organization, through me, agree to be responsible for any damage sustained by the picnic site during use and further agree to release and hold harmless the City of Pleasanton from any and all liability for damage or injury to persons or property of the undersigned due to use of said picnic site.

_____ _____ _____

Signature of Renter **Date** **Organization**

Staff: _____ Comments: _____

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