

By signing below, I acknowledge that I have provided accurate information and will provide documentation to prove the information stated above when requested. I understand that if my organization is allocated field space, I will be held responsible for all policies, deadlines, and rules as required by the Cosumnes Community Services District. Failure to do so could result in financial penalties or the loss of allocated field space. I understand that the Cosumnes Community Services District has the right to change or cancel my allocated field space at any time.

Organization's President (Print Name)

Date

Organization's President (Signature)

Date

CSD OFFICE USE ONLY

Date Received: _____ Time Received: _____

Received By: _____