



Cosumnes Community Services District

Enriching Community • Saving Lives

www.yourcsd.com

Field Rental Application

FIELD RATES

Hourly / Daily Rates for Available Fields

NATURAL

\$24-Hourly
\$90- ½ Day (5 hrs or less)
\$156-All Day

ARTIFICIAL

\$50-Hourly (½ Field)
\$100-Hourly (Full Field)
\$400-All Day

EXTRA FEES

\$20-Hourly for Staff (required for tournaments)
\$30-Hourly for Lights
\$30- All Day for Bases (non tournaments)

***Non Profit Rate: 20% off of Field Use Fee (Must submit 501c3 government-issued letter.)**

This request must be submitted to the Sports Department two weeks prior to the date of event. The filing of this application does not constitute a permit. Certificate of Insurance is required for all tournament events. Rental fees are approved by the CSD Board of Directors and are subject to change at any time.

APPLICANT CONTACT INFORMATION

Name of individual responsible for event: _____
First Middle Last

Application on behalf of: Group Individual Organization Business

Name of Group, Individual, Organization or Business

Address: _____
Street City State Zip

Phone: (____) _____ (____) _____ (____) _____
Home Phone Work Phone Cell Phone

Email Address: _____

Alternate Contact Person: _____
First Middle Last

Phone: (____) _____ (____) _____ (____) _____
Home Phone Work Phone Cell Phone

Email Address: _____

RENTAL INFORMATION

Rental Date(s): _____ Day(s) of Week: _____ Guest Arrival Time: _____ am/pm

Time of Rental: _____ am/pm to _____ am/pm

Fields(s) Requested: _____ Total # of Fields: _____

Alternate Field(s): _____

Type of Activity/Event: _____ Attendance: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Will food be sold? Yes No
Will merchandise be sold? Yes No
Are you requesting non-profit rate? Yes No
Will there be an admission fee? Yes No
Will you be renting an inflatable attraction? (i.e. jump house, slide, etc.) Yes No

Will there be amplified sound? Yes No

Please specify what type of amplified sound:

Please list any additional equipment you plan to have on site:

APPLICANT SIGNATURE

I understand that I will be contacted by a CSD representative within three business days from the date the application is submitted and that my application for the use of the facility is not final until a contract is signed and a payment is made. I attest that all the information provided in this application is true and correct.

Applicant Signature: _____ Date: _____

CSD OFFICE USE ONLY

Date Received: _____ Received By: _____

Date Approved: _____ Approved By: _____

