



Cosumnes Community Services District

Enriching Community • Saving Lives
www.cosumnescsd.gov

Field Selection Application

Applications may be submitted at our two offices:

*Wackford Community & Aquatic
Complex 9014 Bruceville Rd, Elk Grove,
CA 95758 Phone (916) 405-5600*

*CSD Administration Office
8820 Elk Grove Blvd., Elk Grove, CA 95624
Phone (916) 405-5600*

The filing of this application does not constitute a permit.

ORGANIZATION CONTACT INFORMATION

Name of Organization

Address: _____ Street _____ City _____ State _____ Zip _____

Email Address: _____

President's Contact Information: _____

Email Address: _____

Alternate Contact Person: _____

Email Address: _____

RECREATION INFORMATION

RECREATION PARTICIPANT INFORMATION

COMPETITIVE INFORMATION

Divisions <i>(Ex: Bronze, Silver, Gold)</i>	Number of Participants <i>(Per Division)</i>	Number of Teams <i>(Per Division)</i>	Typical Season <i>(Start Month – End Month)</i>

Event Name	Dates	Fields

DESCRIPTION OF FIELD NEEDS

Instructions: Describe your organization's field needs and priorities. For example, "We need Sunday mornings for games," or "We need lighted fields during the week for practice."

FIELD REQUESTS

Instructions: List desired fields in priority order. You may attach an additional sheet if necessary.

Priority	Field (List weekday for Platinum & Gold Fields)	Priority	Field (List weekday for Platinum & Gold Fields)
1.		22.	
2.		23.	
3.		24.	
4.		25.	
5.		26.	
6.		27.	
7.		28.	
8.		29.	
9.		30.	
10.		31.	
11.		32.	
12.		33.	
13.		34.	
14.		35.	
15.		36.	
16.		37.	
17.		38.	
18.		39.	
19.		40.	
20.		41.	
21.		42.	

By signing below, I acknowledge that I have completed this application accurately and the Cosumnes Community Services District may verify any information contained therein. I recognize that if my organization selects field space, I will be held responsible for all policies, deadlines and rules as required by the Cosumnes Community Services District, and failure to do so may result in financial penalties or the loss of selected field space. I understand that the Cosumnes Community Services District has the right to change or cancel my selected 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: