PICNIC ~ BOCCE PERMIT APPLICATION
City of San Carlos ~ Parks & Recreation

Please submit completed application, permit fee and insurance certificate(s) to:
City of San Carlos
Parks & Recreation
Attn: Picnic/Bocce Reservation Permits
601 Chestnut Street
San Carlos, CA 94070

Phone: 650.802.4382
Fax: 650.595.6708
Email: recreation@cityofsancarlos.org

Incomplete applications will not be processed. Allow a minimum of 14 days for processing.
Please Note: If you cancel your reservation up to 14 days before the picnic, a refund less the refund fee of $16 will be issued. If you cancel less than 14 days prior to the picnic, fees are non-refundable.

APPLICANT INFORMATION

Name:___________________________________________________     Date of application:_____________________
Address:________________________ City:_______________  ZIP:_________ Email:__________________________
Name of Contact Person prior to and during the picnic or bocce reservation: __________________________________
Day phone: __________________  Evening phone: ____________________  Cell phone: _______________________
Name of Sponsoring Organization (if applicable only): ____________________________________________________

FOR DEPARTMENT USE ONLY – DOP ______________     Date:________________
Fees:
• Permit $________
• Bocce $________
• Insurance $________
(If purchased from the City)
TOTAL: $________
PAID: □ Visa □ MC □ Cash / Check_______
Approved: __________________

NOTE: For picnics, please be advised that ball park fields may be in use by sports organizations for their scheduled tournaments and practice games.

PICNIC SITES: Please check the box for the picnic site you wish to reserve.

- Arguello Park – 260 Wellington Drive
  (Amenities: Play structure, trails, open space, restrooms, baseball/soccer field)
  □ Sunny Area (4 tables) 50 capacity $ 75 fee
  □ Shady Area (4 tables) 50 capacity $ 75 fee
  Note: No jumpie allowed at this park due to limited space. No BBQ available.

- Laureola Park – 503 Old County Road
  (Amenities: Play structure, restrooms, basketball courts, baseball/soccer field)
  □ West Picnic Area (6 tables/ 4 BBQs) 100 capacity $ 144 fee

- Burton Park – 900 Chestnut Street
  (Amenities: Play structure, restrooms, basketball courts, baseball/soccer field, tennis courts, bocce ball courts)
  □ Tot Area (1 small table/ No BBQ) 20 capacity $ 75 fee
  □ Large Playground (4 tables/ 1 BBQ) 60 capacity $ 144 fee
  □ Les Mundell Grove (3 tables/ 2 BBQs) 60 capacity $ 98 fee
  □ Chestnut Picnic Area (4 tables/ 2 BBQs) 40 capacity $ 98 fee

- Crestview Park – 1000-A Crestview Drive
  (Amenities: Play structure, trails, restrooms, basketball court, soccer field)
  □ Picnic Area (2 tables) 30 capacity $ 75 fee
  Note: No jumpie allowed at this park due to limited space. No BBQ available.

BOCCE Court reservations – Burton park: Please check the court you wish to reserve.

- Court 1  ___ hr/s x $18/hr $________
  Time _________ to _________ $_______
  TOTAL $________

- Court 2  ___ hr/s x $18/hr $________
  Time _________ to _________ $_______

- Court 3  (by Chestnut St.) Not available for rental
  Open for public non-rental use ADA court

- No rentals of bocce ball equipment.
- Must bring/use own equipment.
- Maximum 12 people per court.
- No alcohol allowed.
- Must adhere to the Bocce court rules and regulations.
- No rentals on Wed & Thur days/night due to scheduled league games.
IMPORTANT – INSURANCE REQUIREMENTS APPLY FOR PICNIC RESERVATIONS ONLY
(for more details, please refer to the Picnic Reservations Policy)

Insurance Requirements: If any of the categories below apply to your picnic by answering YES, a certificate of liability insurance (COI) is required. Applicant is liable for verifying all required up-to-date business registration and insurance for all vendors participating in the picnic.

| • Group of 25 or more people and/or Group serving alcohol (wine/beer only) |
| Do you plan to have alcohol? | □ Yes □ No |
| Group of 25 or more people? | □ Yes □ No |
| If yes is checked: | □ provide homeowner ins. OR □ purchase from the City - We will be happy to provide you with a quote. To get a quote, please call 650.802.4382. |

| • Jumping device or other equipment or entertainment activities (rental mobile games, contests or athletic activities) |
| Do you plan to use a jumping device or other equipment? | □ Yes □ No |
| Vendor name: | ____________________________ |
| (Jumpies must be OPEN TOP, Gas generators for must be “Whisper Quiet” and NO stakes in the ground, use sandbags) |
| Do you plan to have entertainment activities? | □ Yes □ No |
| Vendor name: | _________________________________________ |
| Describe the activity: | _______________________________________________________________________________________ |

| • Catering services or food truck vendors |
| Do you plan to have a catering/food truck? | □ Yes □ No |
| Vendor name: | ________________________________ |

Any COI provided to the City must include the following
(Please give all this information to your insurance carrier agent):

1. Date of the picnic, host name and park location of the picnic.
2. The City of San Carlos requires a $1,000,000 comprehensive liability insurance policy.
3. The City of San Carlos must be named as additional insured. Wording on the COI should read: “City of San Carlos, its officers, officials, employees, volunteers and agents.”

COI may be faxed to 650.595.6708 or email to recreation@cityofsancarlos.org.

For additional assistance or questions, please call 650.802.4382.

Plan for garbage collection/recycling at picnic: (Note: For large groups of 40+ please have a trash-management plan of either packing garbage bags and take it out of the park or do 100% recycling) ____________________________

Commercial activities, commercial solicitation, and solicitation for donations, not associated with and supportive of city programs or city-sponsored activities for which a permit has been issued by the director, shall comply with all applicable laws, including those requirements for County and State agency permits.

The following items are required to be submitted with this completed application:

1. Payment of permit fee.
2. Certificate(s) of Insurance (COI) - if applicable as noted above.

Please note that the approval of this picnic/bocce permit will involve compliance with all City of San Carlos Ordinances and Fire, Police, Public Works and Parks Department regulations. As the applicant, I hereby certify that the information I have provided on this form and attachments are complete and accurate to the best of my knowledge. I have received a copy and read the Picnic/Bocce Reservations Policy. I agree to abide by the terms set forth in this application, and the rules & regulations of the San Carlos Parks & Recreation Department. I understand that failure to do so may lead to the cancellation of the picnic, the denial of future permit applications, or other legal action by the City of San Carlos. In consideration for being permitted to participate in the picnic, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Carlos, its’ officers, officials, employees, volunteers and agents from and against any and all loss, liability, expense, claim, cost, suits and damages of every kind arising out of or in connection with the performance and action of this permit. Additionally, Applicant waives and releases the City, its officers, officials, employees, volunteers, and agents from any and all claims, causes of action, allegations, or assertions that may arise relating to infection of any person by COVID-19 or other communicable disease that occurs, or is alleged to occur, during the performance and action of this permit. Applicant also agrees to defend, indemnify, and hold City harmless from any and all claims, causes of action, allegations, or assertions made against City or City’s employees arising from or relating to actual or alleged infection occurring during the performance and action of this permit, except where caused by the sole negligence or willful misconduct of the City.

Signature of Applicant/Organization's Representative: ____________________________ Date________________

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