



**CITY OF SANTA MARIA
RECREATION AND PARKS DEPARTMENT
615 SOUTH McCLELLAND STREET
SANTA MARIA, CA 93454
TEL: (805) 925-0951 EXT. 260
FAX: (805) 925-4508**



Request may take up to 5 business days to process
Requests made less than 10 business days will be accommodated based on availability

TOURNAMENT REQUEST FORM

Name of Organization: _____ Today's Date: _____

Requested By: _____

Agency Address: _____ City: _____ State: _____ Zip _____

Email Address: _____ Daytime Phone: _____ Cell/After Hours: _____

Onsite Contact 1: _____ Cell/After Hours: _____

Onsite Contact 2: _____ Cell/After Hours: _____

Requested Dates: _____ Start Time: _____ End Time: _____

Alternate Date: _____ Start Time: _____ End Time: _____

(Must complete and return a separate request form for each Tournament/Event)

Type of tournament: _____

Requested Facility

- | | | | | |
|--|--|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Hagerman Sports Complex | <input type="checkbox"/> Field 1 | <input type="checkbox"/> Field 2 | <input type="checkbox"/> Field 3 | <input type="checkbox"/> Field 4 |
| <input type="checkbox"/> Simas Field | <input type="checkbox"/> Softball | <input type="checkbox"/> Little League | | |
| <input type="checkbox"/> Minami Field | <input type="checkbox"/> Softball | <input type="checkbox"/> Soccer | | |
| <input type="checkbox"/> Edwards Field: | <input type="checkbox"/> Babe Ruth Field | | | |
| <input type="checkbox"/> Maramonte Field | <input type="checkbox"/> Softball | <input type="checkbox"/> Soccer | | |
| <input type="checkbox"/> Elks Field | <input type="checkbox"/> Babe Ruth Field | | | |
| <input type="checkbox"/> Other _____ | | | | |

Equipment Requests

- Pitching Mounds: Yes No Distance: _____
- Tables: 6' rectangle #: _____ (10 on site Hagerman only)
- Chairs: #: _____ (30 on site Hagerman only)
- Sound System/P.A.: Yes No (Hagerman only)
- Score Booth: Yes No (Hagerman only)
- Score Board: Yes No (Hagerman only)

Equipment Special Requests:

Additional Information

Requesting permission for/to:

1. Fundraiser in conjunction with your tournament:

Yes

No

*if yes please explain: _____

2. Vendors/concessions with items for sale:

Yes

No

*if yes please explain: _____

3. Sell merchandise/vendors:

Yes

No

*if yes please explain: _____

4. Charge admission into park:

Yes

No

*if yes please explain: _____

5. Canopies/tents:

Yes

No

*if yes please explain: _____

6. Allow overnight RV parking:

Yes

No

*if yes please explain: _____

7. Bounce house or similar equipment:

Yes

No

*if yes please explain: _____

8. Other activities/equipment:

Yes

No

*if yes please explain: _____

9. Special requests/additions:

OFFICE USE ONLY

Date Received _____

Staff _____

FACILITY EQUIPMENT REQUESTS

CONTRACT #: _____

TOURNAMENT DATE: _____

FACILITY

MOUNDS

BASES

Simas - Softball

40' 43' 46' 50'

60' 65'

Minami

35' 40' 43' 50'

60' 65'

Edwards

60' 6"

90'

MMP

30' 40' 43'

60'

Elks

60' 6"

90'

Hagerman

30' 35' 40' 43' 46' 50'

60' 65' 70' 80'

Field prep requests:

Lining: Yes No

If yes, please explain: _____

Additional field preps: Yes No * 1 hour needed. Must be included in tournament draw.

Additional field touch ups: Yes No * 20 minutes needed. Must be included in tournament draw.

OFFICE USE ONLY

Date Received _____

Staff _____