



SPORTS FACILITY USE
PERMIT APPLICATION
CRICKET/SOCCER/FOOTBALL/ULTIMATE
Allocation Period: ☐ January-June (due 09/30/25)
☐ July-December (due 03/31/26)

City of Tracy
Parks & Recreation Department
Community Facilities Division

333 Civic Center Plaza
Tracy, CA 95376

Telephone (209) 831-6201
Fax (209) 831-6218

APPLICANT INFORMATION (Please Print Clearly)				
Organization Name:				
Org Address/City/State/Zip:				
Classification: <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Private Citizen <input type="checkbox"/> Commercial (for profit) Business				
Sport:		Age Group: <input type="checkbox"/> Youth (17U) <input type="checkbox"/> Adult (18+) <small>(Youth/Adult Leagues must be submitted on separate apps.)</small>		Total # Org. Members: <small>(Attach current rosters with addresses)</small>
Applicant Name: <small>(Authorized to act on behalf of org.)</small>				Date of Birth: <small>(Must be 21 or over)</small>
Applicant Title: <small>(e.g. president, VP, etc..)</small>			Email:	
Cell Phone:			Alt. Phone:	
On-Site Contact Person:			Contact Person's Cell Phone:	
SEASON INFORMATION				
Event Date(s)/Date Range: <small>(Attach additional sheets as needed)</small>				Season Reg. Deadline:
Skip Dates: <small>(Holidays, school breaks, etc.)</small>				
FACILITY INFORMATION (* = Lights available; practices/games must end by 10pm.)				
Rank Preferred Location(s): <small>Rank preferred fields in order (1=1st choice.)</small>	# Fields Requested	Preferred Field(s):	Day(s) <small>(e.g. Tu/Th)</small>	Start→End Times: <small>Include setup/cleanup</small>
___ Clyde Bland Park		<input type="checkbox"/> Outfield		
___ Galli Family Park		<input type="checkbox"/> Outfield		
___ Legacy Fields soccer fields*		<input type="checkbox"/> Any field(s)* <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		
___ Plascencia Fields soccer fields		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (mini-field)		
___ Tiago Park (grass infield)		<input type="checkbox"/> North* <input type="checkbox"/> South*		
___ Ritter Family Ballpark*		<input type="checkbox"/> North* <input type="checkbox"/> South*		
___ Tracy Sports Complex soccer fields*		<input type="checkbox"/> Any field(s)* <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
___ Veterans Memorial Park		<input type="checkbox"/> Outfield* <input type="checkbox"/> Soccer (east) <input type="checkbox"/> Soccer (west)		
# Vehicle Access permits: _____ <small>(add'l fee per vehicle)</small>		<input type="checkbox"/> Attach a map with plans for field lining with dimensions for each soccer field requested.		
Please initial each statement to indicate your agreement to adhere to the soccer field lining policies:				
_____ I understand fields cannot be lined prior to 3:00 pm without permission from City staff				
_____ I understand full size fields are to be lined in WHITE.				
_____ I understand modified fields must fit INSIDE the full-size field lines and are to be lined in BLUE or ORANGE.				

OTHER SERVICES & AMENITIES
Amplified Sound: <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(City permit required for amplified sound)</i>
Power: <input type="checkbox"/> NO POWER <input type="checkbox"/> YES <i>(Power access not available at all facilities)</i>
FOOD PREP/FOOD VENDORS <i>(Food vendors NOT permitted at Tracy Sports Complex and Legacy Fields)</i>
Approved Food Vendors to include on permit (list vendor names and requested locations)
<input type="checkbox"/> Each food vendor must display a business license and all applicable food safety certifications.
MERCHANDISE VENDORS/ INFORMATION BOOTHS
Approved Merchandise Vendors to include on permit (list vendor names and requested locations):
<input type="checkbox"/> Each merchandise vendor must have a business license.
OTHER SCHEDULING NOTES <i>(Attach additional sheets as needed)</i>
REQUIRED ATTACHMENTS <i>(All listed documents <u>must</u> be attached to application for each allocation season.)</i>
<input type="checkbox"/> Proof of non-profit status, if applicable <input type="checkbox"/> Current certificate of insurance <u>and</u> endorsement page <input type="checkbox"/> Map(s) showing planned field lining with dimensions for <u>each field</u> requested <input type="checkbox"/> Signed Acknowledgement Form from <i>2026 Sports Field Reservation Handbook</i> . <input type="checkbox"/> Updated Authorized Agent List <input type="checkbox"/> Current or most recent season league rosters <u>in Excel format</u> <i>(current within one calendar year)</i>
PAYMENT PREFERENCE
<input type="checkbox"/> Pay in full at time of booking <input type="checkbox"/> Monthly Payment Plan: <i>Permit holder is responsible for making monthly payments by 15th of each month to avoid suspension/cancellation of permit. Payments can be delivered, mailed, or paid online with a credit card.</i>

INDEMNITY, HOLD HARMLESS, AND DEFENSE AGREEMENT

Permittee shall indemnify, defend, and hold harmless the City of Tracy (including its elected officials, officers, agents, volunteers, and employees) from and against any and all claims, demands, damages, liabilities, costs, and expenses (including court costs and attorney's fees) resulting from or arising out of Permittee's performance of the activities permitted under the Permit to which this Agreement was required as part of the application process.

I declare that I am authorized to make this application and to agree to this Indemnity, Hold Harmless, and Defense Agreement, and, to the best of my knowledge and the belief, all the information given herein is true, accurate, and complete. I have read and understand the above Indemnity, Hold Harmless, and Defense Agreement and understand that if this application is approved, that this agreement shall be binding upon myself and the organization or group I represent.

By signing this Agreement, I ACKNOWLEDGE THAT I HAVE BEEN AFFORDED THE OPPORTUNITY TO HAVE COUNSEL OF MY CHOOSING ADVISE ME, AND THAT I HAVE READ AND UNDERSTAND AND VOLUNTARILY AGREE TO THIS INDEMNITY, HOLD HARMLESS AND DEFENSE AGREEMENT.

Applicant Signature: _____

Date: _____