



RIVCO PARKS FIELD ALLOCATION REQUEST YEAR _____ SPRING SUMMER FALL WINTER

SPRING REQUESTS (USE MARCH-MAY)

SUMMER REQUESTS (USE JUNE – AUGUST)

FALL REQUESTS (USE SEPTEMBER – NOVEMBER)

WINTER REQUESTS (USE DECEMBER-FEBRUARY)

THIS IS A REQUEST FOR A FIELD ALLOCATION ONLY; IT DOES NOT GUARANTEE A FIELD USE PERMIT WILL BE ISSUED.

PLEASE SUBMIT A SEPARATE REQUEST FOR DIFFERENT SPORTS AND FOR YOUTH LEAGUES AND ADULT LEAGUES.

IF YOU HAVE QUESTIONS, PLEASE CALL (951) 683-3492 OR SEND AN EMAIL TO rjusportspark@rivco.org.

RivCo Use: RECEIVED BY		RECEIVED DATE			
SECTION A - ORGANIZATION INFORMATION					
ORGANIZATION NAME					
COMPLETE MAILING ADDRESS				CITY	STATE
					ZIP
MAIN CONTACT			DAYTIME PHONE		CELL PHONE
TITLE		MAIN CONTACT DATE OF BIRTH		EMAIL ADDRESS	
ALTERNATE CONTACT			DAYTIME PHONE		CELL PHONE
TITLE		ALTERNATE CONTACT DATE OF BIRTH		EMAIL ADDRESS	
IS ALTERNATE CONTACT NAMED ABOVE AUTHORIZED TO PAY FOR, SIGN AND PICK UP THE FIELD USE PERMIT FROM RIVERSIDE COUNTY PARKS?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
WEBSITE ADDRESS FOR ORGANIZATION				ORGANIZATION'S BUSINESS PHONE NUMBER	
SECTION B- LEAGUE INFO					
LEAGUE'S SPORT					
<input type="checkbox"/> FOOTBALL <input type="checkbox"/> LACROSSE <input type="checkbox"/> SOCCER OTHER <input type="checkbox"/> _____					
# OF TEAMS REGISTERED IN LAST YEAR'S SEASON		# OF TEAMS ANTICIPATED IN REQUESTING SEASON		SELECT THE AGE GROUP THAT DESCRIBES YOUR LEAGUE PARTICIPANTS.	
				<input type="checkbox"/> YOUTH (0-17) <input type="checkbox"/> ADULT (18+)	
# OF PARTICIPANTS IN LAST YEAR'S SEASON		# OF PARTICIPANTS EXPECTING THIS SEASON		PRIORITY GROUP (PLEASE CHECK ONE)	
YEAR STARTED FIELD USE WITH RIVCO PARKS		FEDERAL TAX IDENTIFICATION NUMBER (EIN)		<input type="checkbox"/> GROUP 1 RIVCO PARKS & RECREATION PROGRAMS	
AFFILIATED WITH A NATIONAL ORGANIZATION? (IF YES, PROVIDE ORGANIZATION NAME. IF NO, WRITE NO.)				<input type="checkbox"/> GROUP 2 RESIDENT YOUTH	
				<input type="checkbox"/> GROUP 3 RESIDENT ADULT/NON-RESIDENT YOUTH	
				<input type="checkbox"/> GROUP 4 NON-RESIDENT ADULT	
				<input type="checkbox"/> GROUP 5 COMMERCIAL USER GROUP	
UMPIRE/REFEREE					
ORGANIZATION USED			<input type="checkbox"/> No <input type="checkbox"/> Yes		
OTHER NEEDS/RESOURCES REQUESTED					

APPLICATION CONTINUED ON PAGE TWO



RIVCO PARKS FIELD ALLOCATION REQUEST PAGE 2

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ORGANIZATION NAME						
MAIN CONTACT			DAYTIME PHONE		CELL PHONE	
ALTERNATE CONTACT			DAYTIME PHONE		CELL PHONE	
SELECT THE AGE GROUP THAT DESCRIBES YOUR LEAGUE PARTICIPANTS.						
<input type="checkbox"/> YOUTH (0-17) <input type="checkbox"/> ADULT (18+)						
FIELD #	DAY(S) OF WEEK	START DATE	END DATE	START TIME	END TIME	EXEMPTIONS
RIVCO USE: HH#	BUS LIC #	NON-PROFIT				
RES #	CERT INS					