City of Long Beach, Department of Parks, Recreation and Marine
Athletic Field Request Form

Directions:
- Use one form to request all dates with similar time slots at any ONE FIELD
- Use an additional form for different time periods, even if the field is the same
- Circle each day you would like to request. Do not include holidays (shaded areas) if you do not need the field

Notes:
- Field permits are issued based on availability
- Fees are associated with obtaining a permit for the use of athletic fields

Sports Office
4700 E. Deukmejian Dr.
Long Beach, CA 90804
Phone: (562) 570-1732
Fax: (562) 570-1737

Date Submitted: _____ **Park:** _____ **Field:** _____ **Quarter:** _____

Days of the Week Requested: M T W Th F Sa Su **Start Time:** _____ **End Time:** _____ **Sport:** _____

Circle the day(s) requested on this form

2004

1st Quarter

	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M
Jan					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29							
Mar		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				

2nd Quarter

	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M
Apr					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
May							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jun			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				

3rd Quarter

	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M
Jul					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
Sep				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			

4th Quarter

	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M
Oct						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30					
Dec				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

Group Name: _____ **Contact Person:** _____

Mailing Address: _____ **Phone (Day):** _____ **Phone (Evening):** _____
(Street Number, City, Zip Code)

Field Manager: _____ **Phone (Other):** _____ **Email:** _____

OFFICE USE ONLY

Date Received: _____ Date Entered: _____ Fees: $ _____ Permit #: _____

Approved by: _____

Rev. 8/03