



City of Palo Alto Community Services Department

Group Picnic Site Application (Residents Only)

Today's Date: _____ Company/Organization: _____

Name: _____ FAX: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ Cell Phone: _____

Only Palo Alto residents or businesses (**proof of residency is required**) may reserve one Group picnic site per day up to six (6) months in advance. If you plan to serve beer and/or wine at your group site, an Alcohol Use Permit form must be submitted at the time of the application. A \$1,000,000 insurance certificate must be submitted at least 72 business hours prior to the date of your picnic. This certificate may be obtained through your personal insurance carrier, or purchased from the City of Palo Alto. Fax the completed application and the Alcohol Use Permit form to (650) 321-5612. For more information, please call (650) 463-4900.

Rinconada Park

- Sequoia Site \$ 50: includes 5 picnic tables and 5 barbecues, maximum occupancy 50 people.

Mitchell Park

- Pine Grove \$110: includes 11 tables and 10 barbecues, maximum occupancy 100 people.
- Redwood \$ 90: includes 9 tables and 6 barbecues, maximum occupancy 70 people.
- East Meadow \$ 60: includes 6 tables and 5 barbecues, maximum occupancy 50 people.
- Arbor \$ 40: includes 4 tables and 4 barbecues, maximum occupancy 40 people.

Park Site Desired	No. of People Expected	Will alcohol be served?		Day of the Week	Date	Time	Fees
		Yes	No				
						to	

By signing this application, I certify that I have read and understand the Park Rules and Regulations, agree to inform persons participating in this activity of the terms and conditions, and will comply with any conditions set forth therein. I also agree to hold harmless and indemnify the City of Palo Alto, its officers, agents and employees from any and all liability or personal injury, death or property damage arising from or connected by the use or occupancy of recreational facilities.

Applicant Signature: _____

Staff Approval: _____

I authorize the use of my ___ MasterCard ___ VISA

Card No: _____ Expiration Date: _____

Name as it appears on card (first/last): _____

Signature: _____