Hillsboro
Parks & Recreation

REQUEST FOR DATE & QUOTE FORM – HIDDEN CREEK PARK EAST

4400 NE Century Blvd, Hillsboro, OR 97123 | 503-681-6120 | 503-681-6124 (fax) | Hillsboro-Oregon.gov/ParksRec

Save form, complete, and email as an attachment to RentSportsField@Hillsboro-Oregon.gov or return to Hillsboro Parks & Recreation at the address above. *Required fields.

APPLICANT CONTACT INFORMATION

*APPLICANT NAME:	*E-MAIL ADDRESS:	*CONTACT NUMBER:	
*ADDRESS:	*CITY:	*STATE:	*ZIP CODE:

*ORGANIZATION NAME:	*ORGANIZATION ADDRESS:	*ORGANIZATION PHONE:

WE ALLOCATE BY SEASONS. PLEASE CHECK APPROPRIATE BOX BELOW:

☐ Winter: December – February	☐ Spring: March – May	☐ Summer: June – August	☐ Fall: September – November
*ESTIMATED ATTENDANCE:			

RESERVATION AREAS

I WOULD LIKE TO RESERVE THESE AREAS (See Facility Map on next page):

☐ EAST & WEST FIELD ☐ EAST FIELD ONLY ☐ WEST FIELD ONLY

☐ LIGHTS

☐ Other PLEASE SPECIFY:

DATES REQUESTED (List highest priorities first if applying for multiple events.):

FIELD:	DATE RANGE:	DAYS:	ARRIVAL TIME:	DEPARTURE TIME:	EVENT START TIME:	BASE DISTANCE:
1st Priority:						
2nd Priority:						
3rd Priority:						
4th Priority:						

☐ YOUTH ☐ ADULT | VENDOR? ☐ YES ☐ NO

ARE YOU A RETURNING CUSTOMER? ☐ YES ☐ NO IF YES, WHEN WAS THE LAST RENTAL?

DESCRIPTION OF EVENT:

The above questions must be answered in full before a 53rd Avenue Fields Use Agreement will be issued. **It is understood that the City of Hillsboro may or may not grant the request set forth above.** Applicant hereby certifies that he/she has made a full and complete disclose of all information which might be pertinent to the City's consideration of this application and all the statements and information are true and correct. Only after its acceptance will a User Agreement be discussed or dates reserved. After review of the application, additional information may be requested.

☐ I understand that upon Hillsboro Parks & Recreation receiving my signed permit and payment, a team member will notify me that my rental is confirmed.

Date _____ Signature _____