

## City of Pacifica Parks, Beaches, and Recreation Department 540 Crespi Drive Pacifica, CA 94044 cityofpacifica.org



## Frontierland Park Large BBQ Area Reservation Form

- The fee for the large-group area is \$269.00, plus there is a \$25 non-refundable deposit that is required at the time of booking to start reserving the area. Fees are subject to change.
- ALL paperwork and balance due 30 days before the event date. If required forms and fees are not received by Parks, Beaches, and Recreation, the reservation will automatically be canceled.
- If using the BBQ pits, you will be given a code for the lock the week of the event.
- Alcohol and Glass containers are prohibited in parks and on beaches by the City of Pacifica ordinance.
- You CANNOT bring your own BBQs into the park.
- No Food Vendors/Trucks are allowed at the park. NO inflatable jumping/bouncy houses/rooms, toys or pools are allowed in the park.
- NO sound amplification is allowed in the park.
- NO driving or parking is allowed in the park. Use the parking lot or street parking only.
- In case of an emergency during an event, contact Pacifica Police Department at 650-738-7314.
- Please leave the large BBQ area clean and orderly, canning all decorations, garbage, and debris.
- Please contact the Recreation Department at 650-738-7378 for further clarification or questions.

Event Details							
Event Name:		Type of Event:					
Date of Event:		Estimated Attendance:					
Include set up and clean up in event time							
Event Start Time		Event End Time					
Explain the Event Details Below Include as many details as possible							

		Contact Infor	mation			
Applicant Name:			Cell or Phone:			
Mailing Address:						
City:		State:		Zip Code:	:	
Email Address:			Company Name:			
2nd Contact Name:		Cell or Phone:				
Group Type: Resid	dent Non-I	Resident Non-Profi	it/Fundraiser	Commerc	cial Other:	
Non-Profit Tax ID nur	nber:					
		Payment Info	rmation			
We accept the following	ng cards for pay	ment: American Expre	ss, Visa and M	asterCard		
Full Name on Paymen	t Method:					
Card Number:			Exp. Da MM/YY		CVC or Security #	
City:	State:	Zip Code:	Email A	Email Address:		
		OFFICE USE C	ONLY			
Security Non-Refundable Deposit:\$		Paid by: Check #		Permit #:		
Final Balance: Due: \$		Date Paid:	Date Paic	l in Full:		
Date Signed Permit Received:  Date Permit Sent for Final Approval:						
Date Approved:		Email Final Permit Date:				
Notes:						