

San Diego Coast District Volleyball Permit

Date: _____

INSTRUCTIONS: To apply for a Volleyball Permit, complete this form and read the Volleyball Permit Terms and Conditions. Submit all with original signatures, any supplemental documents, and a check or Credit Card Authorization form to cover the required filing fee to the District Office of the park unit where the event will be held.

Applicant Information					
Applicant/ Organization:			Date:		
Address:					
	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:		Email:			
	Rese	ervation Information			
Park Unit:	CARLSBAD STATE BEACH				
Location:	Frazee Warm Waters	Dates:			
Specific Use	e:	Purpose of Event:			
Maximum number of people expected to attend at one time:					
may terminate of the resource	nd accept the Volleyball Permit Terms and Cor , without prior notice, any special event activit es, or for violation of any rules or regulations o Permit may be cancelled without notice in the	y when it is necessary for the safe of the Department of Recreation o	ety and enjoyment r conditions of this	t of the public, for the protection	
Signature	of Applicant:		Date:		

Signature of State Agent:

FOR DEPARTMENT COMPLETION ONLY

TOTAL DEDNAT FEED					
TOTAL PERMIT FEES	DTAL PERMIT FEES COMMENTS				
REVIEWED AND RECOMMENDED	DATE				
TITLE	BUSINESS PHONE				
		boomteoormonte			
ADDRESS	CITY/STATE/ZIP				
	0 0: 01.001.10				
4477 Pacific Highway	San Diego, CA 92110				
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DEPARTMENT OF GENERAL SERVICES USE ONLY

RECEIVED:

- □ Signed Permit
- □ Insurance
- □ Signed Rules & Regulations
- □ Signed Waiver