

APPLICATION FOR USE OF AMICI PARK

Managed by the Little Italy Association of San Diego

Applicant's Name:	(Person Responsible	e - Private Individu	ual or Representati	ve of Organi	ization)				
☐ Little Italy Resident	Property Owner	☐ Little Italy	Business Owne	er Verifie	ed by:		// 🗆 N	lon Resident	/Owner
Phone:		Cell:		E	Email:				
Company Name:	(If Applicable)								
Website:								ofit:	□ No
Street Address:									
City, ST Zip Code:									
Preferred Contact:	(If Different Than Al								
Phone:		Cell:		E	Email:				
Alternate Contact:					· · · · · · · · · · · · · · · · · · ·				
Phone:		Cell:		[Email:				
Area Requesting:	☐ Amphitheate☐ Bocce Ball C		☐ Little Italy	Dog Park					
Date(s) Requesting:	1st Choice:			☐ Sun.	□ Mon. [☐ Tue.	□ Wed.	□ Thu. □ Fr	i. □ Sat.
	2nd Choice:		 -	☐ Sun.	□ Mon. [⊐ Tue.	□ Wed.	□ Thu. □ Fr	i. □ Sat.
Set-Up Time:	Eve	nt Time:	 			Tear-l	Down Tim	ne:	
Title of the Event:						_ Att	endance:		
Purpose of Use:						_ En	trance Fe	e: 🗖 Yes, \$_	
Food/Alcohol:	□ No Food or A	lcohol 🗆 Of	f-Site Food E	1 Catering	g 🗖 Alco	ohol			
Special Equipment to	be Used (i.e., amp	olified sound, s	taging, risers, to	ents, cand	opies, etc.	.):			
I have read, understan	id and agree to the AA	MCI DADU TEDAKS	& CONDITIONS OF	E I I C E + b a + b	avo boon as	rocontod	to mo and a	ro also viouable	on at
www.AmiciParkSD.com	3								

Date

Signature