

City of La Cañada Flintridge One Civic Center Drive La Cañada Flintridge, CA 91011 PHONE: (818) 790-8880 EMAIL: activelcf@lcf.ca.gov

Permit # R203 Status Approved

Date Jan 2, 2024 11:35 AM

Customer Name Sonny Koliwad - 21 **Cell Phone Number** (818) 720-7985

Customer Type General Public **Email Address** koliwad.sonny@gmail.com PO Box 151 Mailing Address

La Cañada Flintridge, CA 91012

System User Kristin Cook

,		
	Rental Fee	\$0.00
	Discounts	\$0.00
	Subtotal	\$0.00
	Deposits	\$0.00
	Deposit Discounts	\$0.00
	Total Permit Fee	\$0.00
	Total Payment	\$0.00
	Refunds	\$0.00
	Balance	\$0.00

LCBSA - Winter/Spring - Cornishon

Subtotal: \$0.00 1 resource(s) 162 booking(s)

Booking Summary

Cornishon Field (LCF Resident - Reoccuring FIELD/COURTS Reservation) : Cornishon Field				
START DATE/TIME	END DATE/TIME	ATTENDEE	AMT W/O TAX	
Jan 8, 2024 3:15 PM	Jan 8, 2024 11:00 PM			
Occurs every Monday, Tuesdo	ny, Wednesday and Friday effective 01/08/2	2024 until 07/12/2024 from 3:15 F	PM to 11:00 PM.	
Jan 11, 2024 4:30 PM	Jan 11, 2024 11:00 PM			
Occurs every Thursday effecti	ve 01/11/2024 until 07/11/2024 from 4:30 PN	M to 11:00 PM.		
Jan 13, 2024 7:00 AM	Jan 13, 2024 11:00 PM			
Occurs every Saturday effecti	ve 01/13/2024 until 07/13/2024 from 7:00 A	M to 11:00 PM.		

Custom Questions		
QUESTION	- 1	ANSWER
Applicant is a(n):		Group, 51% or 351 LCF members (provide roster)
Will you provide the necessary documentation/proof via email(Activelcf@lcf.ca.gov) or documentation/proof via email(Activelcf@lcf.ca.gov) or		Email (activelcf@lcf.ca.gov)

urop it on at City Hair:	City of La Carlada Fillithoge
Fee waivers may be granted to residents at the city's discretion when TWO of the following conditions have been met: A. Applicant is a non-profit or no profit organization recognized as such by the state of California. B. Applicate organization recognized as such by the state of California. B. Applicate organization recognized as such by the state of California. B. Applicate or provide in-kind services or perform community service. C. The activity/ewhich the permit has been requested is open to the public, free of charge of charge of charge of charge of charge of the public of the public of charge o	ot-for- ant agrees event for
f applying on behalf of the organization, please provide Organizations Tax N/A if not an organization)	(ID (put 95-6111627
f you selected the "in-kind services", indicate which is to be performed by requestor(2 to 10 hours, depending on the fee waiver amount).	the Open to any volunteering opportunity
ls this event open to the general public?	No
_CF Residents may qualify for a fee waiver, would you like to be considere waiver?	d for a fee Yes (answer remaining questions)
Organization Name/User Name	LCBSA
Parks/designated recreational facilities may not be used for commercial use/purpose/monetary gains. 5.24.020 Commercial use prohibited. Confir request is NOT for commercial use/purpose.	Confirmed (NOT for Commercial Use/Purpose) m the
Provide a brief description of your event, including the type of activities.	LCBSA Winter / Spring 2024
Provide the email of the person who will sign the Use Agreement.	koliwad.sonny@gmail.com
Provide the name of the person who will sign the Use Agreement?	Sonny Koliwad
Select at LEAST TWO (2) options that apply:	Applicant is CA non-profit (provide proof) Applicant agrees to provide in-kind services
Will food be (select all that apply):	No food will be at the event
Will local/outside vendor(s) be utilized for the day of the event (set up/for t duration)?	he entire No
Will the event be advertised in LCF?	No
Will you require lights?	Yes (if available, not all location have lights)
You must provide a certificate of liability insurance with minimum liability li \$1,000,000 per occurrence naming the City of La Cañada Flintridge as a c nolder. How would you provide proof of insurance if your request is proce	ertificate
Will you provide the necessary documentation/proof via email(Activelcf@lcf.ca.go drop it off at City Hall?	ov) or Email (activelcf@lcf.ca.gov)

X:	X:
Date:	Date:
City of La Cañada Flintridge	Sonny Koliwad

Mailing Address: One Civic Center Drive, La Cañada Flintridge, CA

Dlama N. (040) 700 0000

Customer Id: 21

Cell Phone Number: (818) 720-7985

1/11/24, 1:07 PM
Priorie number: (818) /90-8880
Email Address: activelcf@lcf.ca.gov



City of La Cañada Flintridge One Civic Center Drive La Cañada Flintridge, CA 91011 PHONE: (818) 790-8880 EMAIL: activelcf@lcf.ca.gov

Permit # R202

Status Approved

Date Jan 2, 2024 11:20 AM

Customer Name Sonny Koliwad - 21 Cell Phone Number (818) 720-7985

Customer TypeGeneral PublicEmail Addresskoliwad.sonny@gmail.comMailing AddressPO Box 151

La Cañada Flintridge, CA 91012

System User Kristin Cook

Rental Fee	\$0.00
Discounts	\$0.00
Subtotal	\$0.00
Deposits	\$0.00
Deposit Discounts	\$0.00
Total Permit Fee	\$0.00
Total Payment	\$0.00
Refunds	\$0.00
Balance	\$0.00

LCBSA - Winter/Spring 2024 - FIS Upper and Lower

2 resource(s) 378 booking(s) Subtotal: \$0.00

Booking Summary

Jan 13, 2024 7:00 AM

FIS LOWER FIELD (LCF Resident - Reoccuring FIELD/COOK 13 Reservation)			. FIS LOWER FIELD
START DATE/TIME	END DATE/TIME	ATTENDEE	AMT W/O TAX
Jan 8, 2024 5:00 PM	Jan 8, 2024 11:00 PM		

Jan 6, 2024 5.00 FM Jan 6, 2024 11.00 FM -

Occurs every Monday, Tuesday, Wednesday, Thursday and Friday effective 01/08/2024 until 07/12/2024 from 5:00 PM to 11:00 PM.

Jan 13, 2024 7:00 AM Jan 13, 2024 11:00 PM -

Occurs every Sunday and Saturday effective 01/13/2024 until 07/14/2024 from 7:00 AM to 11:00 PM.

FIS Upper Field (LCF Resident - Reoccuring FIELD/COURTS Reservation)			: FIS Upper Field
START DATE/TIME	END DATE/TIME	ATTENDEE	AMT W/O TAX
Jan 8, 2024 5:00 PM	Jan 8, 2024 11:00 PM		
Occurs every Monday, Tuesd	ау, Wednesday, Thursday and Friday e	effective 01/08/2024 until 07/12/2024 fi	rom 5:00 PM to 11:00

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Occurs every Sunday and Saturday effective 01/13/2024 until 07/14/2024 from 7:00 AM to 11:00 PM.

Jan 13, 2024 11:00 PM

DUESTION	ANSWER
pplicant is a(n):	Group, 51% or 351 LCF members (provide roster)
Will you provide the necessary documentation/proof via email(Activelcf@lcf.ca.gov) or drop it off at City Hall?	Email (activelcf@lcf.ca.gov)
ee waivers may be granted to residents at the city's discretion when TWO or MORE of the following conditions have been met: A. Applicant is a non-profit or not-for-rofit organization recognized as such by the state of California. B. Applicant agrees or provide in-kind services or perform community service. C. The activity/event for which the permit has been requested is open to the public, free of charge. D. City ponsored Event	Acknowledged
applying on behalf of the organization, please provide Organizations Tax ID (put I/A if not an organization)	95-6111627
you selected the "in-kind services", indicate which is to be performed by the equestor(2 to 10 hours, depending on the fee waiver amount).	Open to any volunteering opportunity
s this event open to the general public?	No
CF Residents may qualify for a fee waiver, would you like to be considered for a fee vaiver?	Yes (answer remaining questions)
Organization Name/User Name	LCBSA
Parks/designated recreational facilities may not be used for commercial se/purpose/monetary gains. 5.24.020 Commercial use prohibited. Confirm the equest is NOT for commercial use/purpose.	Confirmed (NOT for Commercial Use/Purpose)
rovide a brief description of your event, including the type of activities.	LCBSA Winter / Spring 2024
rovide the email of the person who will sign the Use Agreement.	koliwad.sonny@gmail.com
rovide the name of the person who will sign the Use Agreement?	Sonny Koliwad
elect at LEAST TWO (2) options that apply:	Applicant is CA non-profit (provide proof) Applicant agrees to provide in-kind services
/ill food be (select all that apply):	No food will be at the event
Vill local/outside vendor(s) be utilized for the day of the event (set up/for the entire uration)?	No
/ill the event be advertised in LCF?	No
/ill you require lights?	Yes (if available, not all location have lights)
ou must provide a certificate of liability insurance with minimum liability limits of 1,000,000 per occurrence naming the City of La Cañada Flintridge as a certificate older. How would you provide proof of insurance if your request is processed?	Provide my own proof of liability insurance

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Date:

City of La Cañada Flintridge

Mailing Address: One Civic Center Drive, La Cañada Flintridge, CA 91011

Phone Number: (818) 790-8880 Email Address: activelcf@lcf.ca.gov Date:

Sonny Koliwad

Customer Id: 21

Cell Phone Number: (818) 720-7985 Email Address: koliwad.sonny@gmail.com



City of La Cañada Flintridge One Civic Center Drive La Cañada Flintridge, CA 91011 PHONE: (818) 790-8880 EMAIL: activelcf@lcf.ca.gov Permit # R205 Status Approved

Date Jan 2, 2024 4:03 PM

Customer Name Sonny Koliwad - 21 **Cell Phone Number** (818) 720-7985 **Customer Type** General Public **Email Address** koliwad.sonny@gmail.com

PO Box 151

Mailing Address

La Cañada Flintridge, CA 91012

System User Kristin Cook

Rental Fee	\$0.00
Discounts	\$0.00
Subtotal	\$0.00
Deposits	\$0.00
Deposit Discounts	\$0.00
Total Permit Fee	\$0.00
Total Payment	\$0.00
Refunds	\$0.00
Balance	\$0.00

LCBSA - Winter/Spring - LDS

135 booking(s) Subtotal: \$0.00 1 resource(s)

Booking Summary

Booking Cammary				
LDS Field (LCF Resident - Reocci	ring FIELD/COURTS Reservation)	: Latter-day	Saints Athletic Field	
START DATE/TIME	END DATE/TIME	ATTENDEE	AMT W/O TAX	
Jan 8, 2024 3:00 PM	Jan 8, 2024 8:00 PM			
Occurs every Monday, Tuesday, Thursday and Friday effective 01/08/2024 until 07/12/2024 from 3:00 PM to 8:00 PM.				
Jan 13, 2024 9:00 AM	Jan 13, 2024 5:00 PM	-		
Occurs every Saturday effective 01/13/2024 until 07/13/2024 from 9:00 AM to 5:00 PM.				

ustom Questions	
QUESTION	ANSWER
Applicant is a(n):	Group, 51% or 351 LCF members (provide roste
 Will you provide the necessary documentation/proof via email(Activelcf@lcf.ca.gov) or drop it off at City Hall? 	Email (activelcf@lcf.ca.gov)
Fee waivers may be granted to residents at the city's discretion when TWO or MORE of the following conditions have been met: A. Applicant is a non-profit or not-for-profit organization recognized as such by the state of California. B. Applicant agrees	Acknowledged

11/24, 1:05 PM	Permit City of La Ci	anada Flintridge
to provide in-kind services or perform of	community service. C. The activity/event for s open to the public, free of charge. D. City	
If applying on behalf of the organization	n, please provide Organizations Tax ID (put	95-6111627
If you selected the "in-kind services", in requestor(2 to 10 hours, depending on	•	Open to any volunteering opportunity
Is this event open to the general public	?	No
LCF Residents may qualify for a fee wai waiver?	iver, would you like to be considered for a fee	Yes (answer remaining questions)
Organization Name/User Name		LCBSA
Parks/designated recreational facilities use/purpose/monetary gains. 5.24.020 request is NOT for commercial use/pur	Commercial use prohibited. Confirm the	Confirmed (NOT for Commercial Use/Purpose)
Provide a brief description of your ever	nt, including the type of activities.	LCBSA Winter / Spring 2024
Provide the email of the person who wi	ill sign the Use Agreement.	koliwad.sonny@gmail.com
Provide the name of the person who w	ill sign the Use Agreement?	Sonny Koliwad
Select at LEAST TWO (2) options that a	pply:	Applicant is CA non-profit (provide proof) Applicant agrees to provide in-kind services
Will food be (select all that apply):		No food will be at the event
Will local/outside vendor(s) be utilized f	or the day of the event (set up/for the entire	No
Will the event be advertised in LCF?		No
Will you require lights?		Yes (if available, not all location have lights)
\$1,000,000 per occurrence naming the	y insurance with minimum liability limits of City of La Cañada Flintridge as a certificate f insurance if your request is processed?	Provide my own proof of liability insurance
 Will you provide the necessary docume drop it off at City Hall? 	ntation/proof via email(Activelcf@lcf.ca.gov) or	Email (activelcf@lcf.ca.gov)

x :	X:
Date:	Date:

City of La Cañada Flintridge

Mailing Address: One Civic Center Drive, La Cañada Flintridge, CA

91011

Phone Number: (818) 790-8880 Email Address: activelcf@lcf.ca.gov

Sonny Koliwad

Customer Id: 21

Cell Phone Number: (818) 720-7985 Email Address: koliwad.sonny@gmail.com



City of La Cañada Flintridge One Civic Center Drive La Cañada Flintridge, CA 91011 PHONE: (818) 790-8880

EMAIL: activelcf@lcf.ca.gov

Permit # R201

Status Approved

Date Jan 2, 2024 11:06 AM

Customer Name Sonny Koliwad - 21 **Cell Phone Number** (818) 720-7985 **Customer Type** General Public koliwad.sonny@gmail.com **Email Address** PO Box 151 Mailing Address La Cañada Flintridge, CA 91012 System User Kristin Cook

\$0.00	Rental Fee
\$0.00	Discounts
\$0.00	Subtotal
\$0.00	Deposits
\$0.00	Deposit Discounts
\$0.00	Total Permit Fee
\$0.00	Total Payment
\$0.00	Refunds
\$0.00	Balance

LCBSA - Spring 2024 - Varsity/JV/Oak Grove

LCHS JV Field (LCF Resident - Reoccuring FIELD/COURTS Reservation)

Subtotal: \$0.00 3 resource(s) 567 booking(s)

: La Canada High School Junior Varsity Field

Booking Summary

START DATE/TIME	END DATE/TIME	[ATTENDEE	AMT W/O TAX	
Jan 8, 2024 5:30 PM	Jan 8, 2024 11:00 PM				
Occurs every Monday, Tuesday, Wednesday, Thursday and Friday effective 01/08/2024 until 07/12/2024 from 5:30 PM to 11:00 PM.					
Jan 13, 2024 7:00 AM	Jan 13, 2024 11:00 PM				

Occurs every Sunday and Saturday effective 01/13/2024 until 07/14/2024 from 7:00 AM to 11:00 PM.

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LCHS Oak Grove Field (LCF R	esident - Reoccuring FIELD/COURTS	: La Canada Hig	gh School Oak Grove	
Reservation)		Field		
START DATE/TIME	END DATE/TIME	ATTENDEE	AMT W/O TAX	
Jan 8, 2024 5:30 PM	Jan 8, 2024 11:00 PM			
Occurs every Monday, Tuesday, Wednesday, Thursday and Friday effective 01/08/2024 until 07/12/2024 from 5:30 PM to 11:00 PM.				
Ian 13 2024 7:00 ΔM	lan 13 2024 11:00 PM			

Jan 13, 2024 7:00 AM

Jan 13, 2024 11:00 PM

Occurs every Sunday and Saturday effective 01/13/2024 until 07/14/2024 from 7:00 AM to 11:00 PM.

QUESTION	ANSWER
pplicant is a(n):	Group, 51% or 351 LCF members (provide roster)
Will you provide the necessary documentation/proof via email(Activelcf@lcf.ca.gov) or drop it off at City Hall?	Email (activelcf@lcf.ca.gov)
dee waivers may be granted to residents at the city's discretion when TWO or MORE of the following conditions have been met: A. Applicant is a non-profit or not-for-profit organization recognized as such by the state of California. B. Applicant agrees or provide in-kind services or perform community service. C. The activity/event for which the permit has been requested is open to the public, free of charge. D. City pronsored Event	Acknowledged
applying on behalf of the organization, please provide Organizations Tax ID (put I/A if not an organization)	95-6111627
you selected the "in-kind services", indicate which is to be performed by the equestor(2 to 10 hours, depending on the fee waiver amount).	Open to any volunteering opportunity
this event open to the general public?	No
CF Residents may qualify for a fee waiver, would you like to be considered for a fee vaiver?	Yes (answer remaining questions)
Organization Name/User Name	LCBSA
arks/designated recreational facilities may not be used for commercial se/purpose/monetary gains. 5.24.020 Commercial use prohibited. Confirm the equest is NOT for commercial use/purpose.	Confirmed (NOT for Commercial Use/Purpose)
rovide a brief description of your event, including the type of activities.	LCBSA Winter / Spring 2024
rovide the email of the person who will sign the Use Agreement.	koliwad.sonny@gmail.com
rovide the name of the person who will sign the Use Agreement?	Sonny Koliwad
elect at LEAST TWO (2) options that apply:	Applicant is CA non-profit (provide proof) Applicant agrees to provide in-kind services
/ill food be (select all that apply):	No food will be at the event
/ill local/outside vendor(s) be utilized for the day of the event (set up/for the entire uration)?	No

vviii you require liginis:	ies (ii avaliabie, fiot ali location nave lights)
You must provide a certificate of liability insurance with minimum liability limits of \$1,000,000 per occurrence naming the City of La Cañada Flintridge as a certificate holder. How would you provide proof of insurance if your request is processed?	Provide my own proof of liability insurance
 Will you provide the necessary documentation/proof via email(Activelcf@lcf.ca.gov) or drop it off at City Hall? 	Email (activelcf@lcf.ca.gov)

X:	X:
Date:	Date:

City of La Cañada Flintridge

Mailing Address: One Civic Center Drive, La Cañada Flintridge, CA

91011

Phone Number: (818) 790-8880 Email Address: activelcf@lcf.ca.gov

Sonny Koliwad

Customer Id: 21

Cell Phone Number: (818) 720-7985 Email Address: koliwad.sonny@gmail.com



City of La Cañada Flintridge One Civic Center Drive La Cañada Flintridge, CA 91011 PHONE: (818) 790-8880 EMAIL: activelcf@lcf.ca.gov

Permit # R204

Status Approved

Date Jan 2, 2024 4:02 PM

Customer Name Sonny Koliwad - 21 Cell Phone Number (818) 720-7985

 Customer Type
 General Public
 Email Address
 koliwad.sonny@gmail.com

Mailing Address PO Box 151

La Cañada Flintridge, CA 91012

System User Kristin Cook

\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00

LCBSA - Winter/Spring - LCE & PCR

2 resource(s) 377 booking(s) Subtotal: \$0.00

Booking Summary

LCE Field (LCF Resident - Reoccuring FIELD/COURTS Reservation)		:	La Canada Elementary Field
START DATE/TIME	END DATE/TIME	ATTENDEE	AMT W/O TAX

Jan 8, 2024 4:45 PM Jan 8, 2024 11:00 PM

Occurs every Monday, Tuesday, Wednesday, Thursday and Friday effective 01/08/2024 until 07/12/2024 from 4:45 PM to 11:00 PM.

Exception:

May 10, 2024

Ian 13 2024 7·00 ΔM

Jan 13, 2024 7:00 AM Jan 13, 2024 11:00 PM --

Occurs every Sunday and Saturday effective 01/13/2024 until 07/14/2024 from 7:00 AM to 11:00 PM.

lan 13 2024 11:00 PM

PCR Field (LCF Resident - Reoccuring FIELD/COURTS Reservation)			: Palm Crest Elementary Field		
START DATE/TIME	END DATE/TIME	1	ATTENDEE	AMT W/O TAX	
Jan 8, 2024 4:45 PM	Jan 8, 2024 11:00 PM				
Occurs every Monday, Tuesday, Wednesday, Thursday and Friday effective 01/08/2024 until 07/12/2024 from 4:45 PM to 11:00 PM.					

Occurs every Sunday and Saturday effective 01/13/2024 until 07/14/2024 from 7:00 AM to 11:00 PM.

DUESTION	ANSWER
pplicant is a(n):	Group, 51% or 351 LCF members (provide roster)
Will you provide the necessary documentation/proof via email(Activelcf@lcf.ca.gov) or drop it off at City Hall?	Email (activelcf@lcf.ca.gov)
ee waivers may be granted to residents at the city's discretion when TWO or MORE of the following conditions have been met: A. Applicant is a non-profit or not-for-profit organization recognized as such by the state of California. B. Applicant agrees or provide in-kind services or perform community service. C. The activity/event for which the permit has been requested is open to the public, free of charge. D. City pronsored Event	Acknowledged
applying on behalf of the organization, please provide Organizations Tax ID (put I/A if not an organization)	95-6111627
you selected the "in-kind services", indicate which is to be performed by the equestor(2 to 10 hours, depending on the fee waiver amount).	Open to any volunteering opportunity
s this event open to the general public?	No
CF Residents may qualify for a fee waiver, would you like to be considered for a fee vaiver?	Yes (answer remaining questions)
Organization Name/User Name	LCBSA
Parks/designated recreational facilities may not be used for commercial ase/purpose/monetary gains. 5.24.020 Commercial use prohibited. Confirm the equest is NOT for commercial use/purpose.	Confirmed (NOT for Commercial Use/Purpose)
rovide a brief description of your event, including the type of activities.	LCBSA Winter / Spring 2024
rovide the email of the person who will sign the Use Agreement.	koliwad.sonny@gmail.com
rovide the name of the person who will sign the Use Agreement?	Sonny Koliwad
elect at LEAST TWO (2) options that apply:	Applicant is CA non-profit (provide proof) Applicant agrees to provide in-kind services
/ill food be (select all that apply):	No food will be at the event
Vill local/outside vendor(s) be utilized for the day of the event (set up/for the entire uration)?	No
Vill the event be advertised in LCF?	No
/ill you require lights?	Yes (if available, not all location have lights)
ou must provide a certificate of liability insurance with minimum liability limits of 1,000,000 per occurrence naming the City of La Cañada Flintridge as a certificate older. How would you provide proof of insurance if your request is processed?	Provide my own proof of liability insurance
Will you provide the necessary documentation/proof via email(Activelcf@lcf.ca.gov) or	Email (activelcf@lcf.ca.gov)

 ${\it Email\ Address:\ koliwad.sonny@gmail.com}$

X:	X:
Date	Data
Date:	Date:
City of La Cañada Flintridge	Sonny Koliwad
Mailing Address: One Civic Center Drive, La Cañada Flintridge, CA	Customer Id: 21
91011	Cell Phone Number: (818) 720-7985