City of Redondo Beach Community Services Department
HOPKINS WILDERNESS PARK – 1102 Camino Real, Redondo Beach, CA 90277
(310) 318-0670

DAY: _____ **APPLICATION TO RESERVE HOPKINS WILDERNESS PARK** **DATE**: _____

DAYTIME USE (40 people max.) # PEOPLE_____

☐	Private Parties: $20.00/hour with a 3 hour minimum	☐	Scouts/Schools: $10.00/hour with a 3 hour minimum

☐	**Elm CAMP**	☐	10 a.m. – 1 p.m.	☐	1:30 p.m. – 4:30 p.m.

☐	**PINE CAMP**	Hours: _____ to _____	Total Hours: _____
☐	**SYCAMORE CAMP**	Hours: _____ to _____	Total Hours: _____
☐	**GUMWOOD CAMP**	Hours: _____ to _____	Total Hours: _____

OVERNIGHT CAMPING

			Per Person	Fees $5.00	Total Fees
☐					

WHOLE PARK

☐	Fee: $320.00	Max.: 120 Campers

OVERNIGHT CAMPING – RESERVATIONS REQUIRED (Not more than 6 months or less than 2 weeks in advance)
Check-In begins at 2 p.m. Checkout is at 12 Noon.

AMPHITHEATER (150 people max.) # PEOPLE _____ $20.00/hour with a 3 hour minimum

☐	Hours: _____ to _____	Total Hours: _____

A STAFFING FEE APPLIES FOR BEFORE/AFTER HOURS USE AND OVERNIGHT USE.

RESERVATION (Staff Use Only)	
Elm/Pine/Sycamore/Gumwood Camp	$
Amphitheater	$
Overnight Camping	$
Whole Park	$
Event Staffing	$
TOTAL FEES	$

PAYMENT (Staff Use Only)	
	Cash/Check
	Credit Card (VISA/MasterCard only)
Type:	
No.:	
Expiration:	

Refund Policy
I understand that the fee paid on _____ in the amount of $_____ is NON-REFUNDABLE unless a request is made in writing no later than one week prior to initial date of reservation. An administrative fee of $25.00 will be deducted from all refunds. **My signature below confirms that I am 21 years of age or older. I agree to be present for the duration of this reservation and will be responsible for the actions of my group.**

_____ _____
Applicant Signature Telephone #

_____ _____
Print Name Organization (if applicable)

_____ _____
Address, City, Zip Code Purpose of Reservation

APPROVED BY: _____ DATE: _____