



**CITY OF SANTA BARBARA  
PARKS AND RECREATION DEPARTMENT**

**Application for Appointment to  
Players' Improvement Fund Subcommittee**

*(City employees are not eligible to serve on the Advisory Committee)*

APPOINTMENT  RE-APPOINTMENT

Name: \_\_\_\_\_

Home Address/City/Zip Code: \_\_\_\_\_

Business Address/City/Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Who will you represent? *(An organization, community at large, etc.)*

\_\_\_\_\_

**EXPERIENCE/BACKGROUND**

Education: \_\_\_\_\_

Present Occupation/Position Title: \_\_\_\_\_

Memberships in Organizations: \_\_\_\_\_

If appointed as an Subcommittee member, please share what expertise you will offer the Committee:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you served on this committee or any City Committee in the past? Yes  No

If so, please identify the Committee and the dates you served:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_