

M *Castle Pines North* **METROPOLITAN DISTRICT**

7404 Yorkshire Dr, Castle Rock, CO 80108

(303) 242-3267 or (303) 242-3266

Fax (303) 688-2529

Email: susan@cpnmd.org, patty@cpnmd.org,
charlie@cpnmd.org

Today's Date _____

Applicant Information

Applicant (*print name*) _____ CPNMD Resident? Yes No

Address (city state zip) _____

Home Ph _____ Work Ph _____ Mobile Ph _____

Fax No. _____ Email _____

Park Request

Date of Event _____ Hours of Event _____ to _____ Number of people to attend _____

Type of Event _____

<i>Coyote Park</i>	<i>Retreat</i>
<i>Resident Fee</i> \$25 per pavilion per hour	Free of charge
<i>Non Resident Fee</i> \$50 per pavilion per hour	First come, first serve basis
Number of pavilions requested:	

Indemnity Clause

(Name of Organization or Person) _____ in reference to
(Event) _____ to be held at _____ Park on
(Date) _____ agrees to defend, indemnify and hold harmless the Castle Pines North
Metropolitan District, its agents and employees from and against all liabilities costs and expenses that may accrue to
Castle Pines North Metropolitan District as a result of the use of the premises pursuant to this agreement. The
obligation of this paragraph shall not extend to damages that are attributable to the action or inaction of the Castle
Pines North Metro District, its agents or employees.

Signature _____ Date _____

Staff Use Only

This is to serve as formal notice that _____ has permission to use
pavilion A B C at Coyote Park from _____ to _____ on _____.

CPNMD Signature

Date

Payment Received Check Number _____ in the amount of \$ _____.

Payment by credit card may be made at the CPNMD office or by phone.

Visa and MasterCard accepted.