

## Multi-Use Field Request

Name of Organization:		
Contact Person:	Phone:	
Address:		
City:	State:	Zip Code:
Email:		
Youth Participants (12 and under):	Adult Participants: Ai	nticipated Attendance:
Dates Requested:		
Day(s) of Week (circle all that apply):	Sun Mon Tue Wed Thu	Fri Sat
Begin Time: a.m. /p.m.	End Time: a.m. /p.	.m.
Fee Schedule: \$25 per hour; no min address listed below. Please remembe be booked back to back with no overla	er to include warm-up time in y	
The use of alcoholic beverages is prohivehicles in designated areas only. Leaveto injure, deface, destroy, sever or rem	ve grounds clean of trash and re	
The Applicant assumes sole responsible CCMD shall not be responsible or lia resulting from Applicant's use of park f	able for any illness or injury to	
Applicant hereby acknowledges that the Rules and Regulations. Applicant agreemen and conditions of this agreemen	rees to inform persons particip	pating in the above activity of the
Applicant Signature:		Date:
CCMD Signature:		Date:
Insurance Required: Yes No		

- Cross Creek Metropolitan District, P.O. Box 1834, Colorado Springs, CO 80901 -