



Pavilion Reservation Request — 8115 Parkglen Drive, Fountain, CO

Name of Person/Organization: _____

Contact Person: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Anticipated Attendance: _____

Date(s) 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: \$20 per hour. Checks can be made to Cross Creek and mailed to the address listed below. Please remember to include set-up and clean-up time in your field request. The pavilion may be booked back to back with no overlap time.

The use of alcoholic beverages is prohibited in all CCMD parks. No glass containers are allowed. Park all vehicles in designated areas only. Leave grounds clean of trash and refuse. It is unlawful for any person to injure, deface, destroy, sever or remove any park property.

The Applicant assumes sole responsibility for the actions of its participants while using park facilities. CCMD shall not be responsible or liable for any illness or injury to person, or damage to property, resulting from Applicant's use of park facilities.

Applicant hereby acknowledges that they have received, read and agree to be bound by the CCMD Park Rules and Regulations. Applicant agrees to inform persons participating in the above activity of the terms and conditions of this agreement. CCMD reserves the right to cancel this permit for any reason.

Applicant Signature: _____ Date: _____

CCMD Signature: _____ Date: _____

Insurance Required: Yes _____ No _____

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

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