

ADVERTISING

1. Will event be publicized?

Yes No

If Yes, how?

Television Radio Newspaper Email Internet Other

If Other, please specify: _____

INSURANCE

PROOF OF INSURANCE IS DUE PRIOR TO THE EVENT

If it is determined, the responsible person holding the event will submit a certificate of insurance indicating insurance coverage in the minimum amount of \$350,000.00 personal injury / \$1,000,000.00 per occurrence as specified in 24-10-114, C.R.S.

---- IMPORTANT ----

The State of Colorado, Colorado Parks and Wildlife , and US Army Corps of Engineers are to be listed as **Additionally Insured Parties**. The Event Organizer will be Certificate Holder. **PROOF OF INSURANCE IS DUE PRIOR TO THE EVENT. Use 4201 South Parker Road, Aurora, Co 80014 as address for all additionally insured parties**

APPLICATION SUBMITTAL

Upon submittal of this agreement a non-refundable \$20.00 fee is required with a brief 250 word summary of your event. If additional fees are required to facilitate your event, you will be notified by the Park Operations Manager.

SIGNATURE

Perjury statement: I hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge and belief.

Signature of Responsible Person

Date

The signature above indicates this individual accepts responsibility for the event and the stipulations listed on this form.

OFFICE USE ONLY FEES

- _____ 1. Permit fee for administration and processing services
- _____ 2. Per person charge in lieu of the required parks pass, if applicable:
applicable when parking outside of
- _____ 3. Group Picnic Area Site Rental Fee
- _____ 4. A percentage fee of profits generated within the park or negotiated flat fee
5% of gross revenue or Negotiated Flat Fee
- _____ 5. Operational fee to reimburse the park for staff time and equipment if assigned
to your event:

Ranger: \$25.00 / hour

Patrol Unit: \$10.00 / hour

Maintenance: \$25.00 / hour

_____ 6. Other: _____

_____ **Total Amount Due**

DIVISION USE ONLY

Fee Activity

Non-Fee Activity

Approved _____ Denied _____ Signature _____ Date _____