

CASTLE PINES

NORTH METROPOLITAN DISTRICT

7404 Yorkshire Drive, Castle Rock, CO 80108
303-242-3267 or 303-242-3266 FAX-303-688-2529
E-Mail jan@cpnmd.org, patty@cpnmd.org or charlie@cpnmd.org

Park and Pavilion Reservation Application

Today's Date _____

Applicant (Print Name): _____ CPNMD Resident? Yes No

Address: _____

Home Phone : _____ Work or Cell Phone: _____

FAX #: _____ E-Mail: _____

Date of Event: _____ Hours of Event: _____ to _____

Type of Event: _____ # of people expected: _____

Name of Park: - Circle One - Coyote Ridge Daniels Gate Retreat

Coyote Ridge has 3 Pavilions Available for a Fee # of Pavilions Requested _____

Fees for Pavilions at Coyote Ridge

**Resident - \$10/pavilion/hour
Non-Resident - \$25/pavilion/hour
Free- 1st Come, 1st Serve Basis**

Retreat Park Pavilion

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.

Dated _____

Signature _____

STAFF USE ONLY

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

CPNMD Signature: _____

Date: _____

Payment _____ Received Payment _____ Check # _____