

# CASTLE PINES NORTH



METROPOLITAN DISTRICT™

Call (303) 242-3267 or

Email: [susan@cpnmd.org](mailto:susan@cpnmd.org)

7404 Yorkshire Dr., Castle Pines, CO 80108

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 First come, first serve basis
<i>Non Resident Fee</i> \$50 per pavilion per hour	
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.