

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 / \$990,000.00 per occurrence as specified in 24-10-114, C.R.S.

---- IMPORTANT ----

The State of Colorado, Colorado Parks and Wildlife, and Roxborough State Park 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 4751 E. Roxborough Dr, Littleton, CO 80125 as address for all additionally insured parties

APPLICATION SUBMITTAL

Upon submittal of this agreement a non-refundable \$30.00 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 filing fee for administration and processing services - \$30.00
- _____ 2. Per person charge in lieu of the required parks pass, if applicable:
\$4.00/person per day
- _____ 3. A percentage fee of profits generated within the park or negotiated flat fee
5% of gross revenue or Negotiated Flat Fee
- _____ 5. Operational & Maintenance fees - \$25.00
- _____ 6. Additional fees may be added 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 |
- _____ 7. Other: _____
- _____ **Total Amount Due** **PAID**

DIVISION USE ONLY

Fee Activity

Non-Fee Activity

Approved _____ Denied _____ Signature _____ Date _____