

Park Facilities Permit Agreement

Elizabeth Park and Recreation District
 P.O. Box 434
 Elizabeth, CO 80107
 303-646-3599 / info@elizabethpr.com / www.elizabethpr.com

*Required

*Today's Date: _____	*Date(s) of Event: _____
*Facility / Area(s) to be Permitted: _____	
Name of Organization (if applicable): _____ _____	*Set Up / Time In: _____ a.m p.m Event Start: _____ a.m p.m *Time Out: _____ a.m p.m
*Name & Address of Permittee: _____ _____ _____	*Total Time Requested: _____ hrs or All Day: <input type="checkbox"/> *Total Attendees: _____
*Phone: _____	*Email: _____
*Purpose of Event: _____	
*Alcohol will be: Sold: _____ Served: _____ None: _____	
For EPR Office use only	
Total Fees \$ _____ Paid \$ _____ Date _____ Paid \$ _____ Date _____ Deposit \$ _____ Paid \$ _____ Date _____ Returned Shredded Date: _____	
Notes: _____ _____	

Deposit/Payment/Cancelation Policy

Booking fee¹ \$25, due at time of booking. Balance due at least 14 days in advance of permit date. Deposit of \$400, in CC form is required.

¹Booking fee applies towards total permit fee(s) and is non-refundable.

Cancelation 14+ days before event: Refund of permit fees and any deposit paid less Booking fee.

Cancelation within 15 days of event: Refund of permit fees and any deposit fee less Booking fee and less 10%.

Pavilion: Max Capacity 99 people. Please arrange to pick up keys 2-3 days before your event. (Office is closed on weekends.)

Inflatables: All permits are for full day rental. 8am-8pm for summer season, 8am-6pm for winter season.

District Employee Signature: _____

Date: _____

Permittee Signature: _____

Date: _____