



BUILDING OR FACILITY RESERVATION FORM

Name or person responsible for this reservation:

Mailing Address _____

City: _____

Zip: _____

Phone Number: _____

Email: _____

Area Reserved: Park Pavilion

@ \$75.00/half day

@ \$125.00/full day

Site Address: 7500 Hwy. 165W, Colorado City, CO 81019

Date(s) Reserved:

IF ALCOHOLIC BEVERAGES ARE CONSUMED DURING YOUR FUNCTION, AN ALCOHOL PERMIT FROM CCMD IS REQUIRED. The park and campground will be patrolled by the Pueblo Count Sheriff's Department and our park patrol to enforce these rules!

CCMD Alcohol permit required: Yes _____ No _____

(Fee \$50.00) Okayed by CCMD Board on Date: _____

Security Deposit*: _____ Date Due: _____

*refundable provided area is left in a clean, unharmed state

Total Fees:

Date Due:

Please make checks payable to CCMD. If payment is not received by the above date your reservation will be cancelled.

FULL REFUND GIVEN ONLY WITH ONE MONTH ADVANCED CANCELLATION NOTICE.

I/We have read the Rules and Regulation sheet and agree to abide by all requirements. I/We further agree to self-enforce the terms of the Alcoholic Permit (if alcoholic beverages are consumed during our function). I/We further agree to hold the Colorado City Metropolitan District harmless in the event of accident or injury resulting from the use of the above reserved facilities.

Signed _____ Date _____