

## **Fitness/Specialty Class Use Permit Request**

## In order to evaluate your request for approval, please supply the following information and return by fax, email, mail or in person:

Customer or Authorized Agent Account Information: \*An authorized agent for the organization/company must provide personal contact information below

<u>Name</u> _		
	Phone# ()	
Home a	address	City
State	Zip CodeGender	Birthdate
<u>Organiz</u>	zation Name (if applicable)	
Address	S	
City	State Zip Code	Non-Profit #
<u>Please</u>	fill out and select the following reservation details	<u>:</u>
Park	Area requeste	ed
Date(s)	Of Use	
Time(s)	) of Use (to include set-up and clean-up times)	
Number	r of people expected	
Please	select from the following types of rental/ activities:	
	Fitness group/ exercise program	
	Specialty Class (Art Class, Dog Training, ect.)	
	Other:	
Please	provide any other pertinent information to consider wit	h this request:

This rental allows for use of an unspecified portion of the grounds, i.e. open turf area, trails/walking paths while the park remains open for public use. It does not include use of athletic fields or reservable picnic areas, meeting rooms, Park centers or tennis/basketball courts, all of which have separate fees and conditions of use.

Once a completed request form is returned to the Parks office, County Parks will evaluate the proposed request. We will contact you to confirm receipt of the request and may require additional information. If approved, we will provide you with specific Conditions of Use to accompany a reservation permit, based upon the type of rental/activity, Per occurrence general liability insurance may be required for any activity deemed higher risk, physical in nature, or providing for larger groups, per the discretion of the Department.