



# CITY OF COLORADO SPRINGS

<b>OFFICE USE ONLY</b>	
Request Received:	_____
Confirmation Sent:	_____

## Review School Use Criteria

SCHOOL NAME \_\_\_\_\_

TYPE OF SCHOOL

Day Care/ Preschool

Elementary

Middle

**Not available for High**

Other (List) \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

SCHOOL PHONE \_\_\_\_\_

SCHOOL FAX \_\_\_\_\_

SCHOOL WEBSITE \_\_\_\_\_

SCHOOL EMAIL \_\_\_\_\_

**PARK REQUESTED** \_\_\_\_\_

PARK ADDRESS \_\_\_\_\_

USE DATE (Day & Date) \_\_\_\_\_

USE TIME

FROM \_\_\_\_\_

TO \_\_\_\_\_

ON-SITE CONTACT (S) \_\_\_\_\_

CONTACT NUMBERS

(Daytime) \_\_\_\_\_

(Cell) \_\_\_\_\_

**DESCRIBE ACTIVITY**

*include its purpose, on-site activities, benefits, collecting any type of fee onsite...*

ESTIMATED

ATTENDANCE: \_\_\_\_\_ of Children

\_\_\_\_\_ of Adults

WILL YOU BE PUTTING UP AND TEMPORARY STRUCTURES? (*canopies, tents, bleachers, stages, inflatables...*) *Reminder: Stakes are not allowed to secure temporary structures on City property.*

Yes  No

WILL THERE BE MUSIC OR AMPLIFIED SOUND AT EVENT?

If yes, complete the Noise Hardship Permit Application.

Yes  No

WILL YOU BE PROVIDING YOU OWN GENERATOR FOR POWER?

Yes  No

DO YOU INTEND TO COOK ON-SITE

If yes, contact [El Paso County Public Health](#) or (719) 578-3199 for additional regulations and information regarding food and vendor permits.

Yes  No

I understand and will comply with all the [Parks, Recreation and Cultural Services Rules and Regulations.](#)

**RETURN TO...**

City of Colorado Springs  
Parks, Recreation & Cultural Services Department  
Attention: Park Reservations  
1401 Recreation Way  
Colorado Springs, CO 80905

FAX: 385-6599  
Attention: Park Reservations