



Madison Parks Division Kids Camp Parks Use Application



KIDS CAMP INFORMATION

Name of Kids Camp: _____

Park Requested: _____ Shelter Requested: Yes No

Open Field(s) or Athletic Field(s) Requested: _____

Estimated Attendance per Day: _____

Cost per Participant: _____ Scholarships Available: Yes No

Sliding Scale Available: Yes No

KIDS CAMP ORGANIZER/SPONSOR INFORMATION

Name of Organization/Sponsor: _____

Is Organizer/Sponsor a 501(c)3 non-profit agency? Yes No

If yes – **MANDATORY** State Sales Tax Exemption Number (ES#): _____

Primary Contact: _____ Work Phone: _____

Contact at the Camp: _____ Phone during Camp: _____

Address: _____

Email: _____ Organization or Camp Website: _____

KIDS CAMP SCHEDULE

Date(s) of Camp: _____ Excluded Date(s): _____

Days of the Week: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Setup Start Time: _____ Participant Arrival Time: _____

Cleanup End Time: _____ Participant Pickup Time: _____

NARRATIVE

Provide a narrative of the kids camp. Include activities, age range of participants, food/drink served, and other relevant information. **If you will be setting up any equipment, please describe or attach a separate site map.**

APPLICATION SIGNATURE

BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOR" LISTED ABOVE AGREES TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, OR EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE PERMIT IS GRANTED.

The organization or person to which a permit is issued will be responsible for the conduct of the event, the condition of the permitted area, and actual fees for services provided. Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.

Applicant Signature: _____

Date: _____