



Madison Parks Division Parks Use Application for Classes



CLASS INFORMATION

Name of Class: _____ Type of Class: _____

Park Requested: _____ Estimated Attendance per Class: _____

Cost per Participant: _____ Scholarships Available: Yes No

Sliding Scale Available: Yes No

ORGANIZER/SPONSOR INFORMATION

Name of Organization/Sponsor: _____

Primary Contact: _____ Work Phone: _____

Contact at the Class: _____ Phone during Class: _____

Address: _____

Email: _____ Organization Website: _____

CLASS SCHEDULE (this can be submitted as a separate attachment)

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

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

Class Start Time(s): _____ Class End Time(s): _____

NARRATIVE

Provide a narrative of the class(es). Include activities, age range of participants, and other relevant information.

APPLICATION SIGNATURE

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: _____