

Bike Park Permit Information Form

Organization /Company Name:

Contact Name:

Contact Phone:

Contact Email:

Organization Address:

Are you a Denver-based school?

Are you a non-profit or for-profit organization?

Are you applying for an instructional permit or event permit?

How many people will be attending your program/event?

Are participants youth, adults or both?

Please list date and time request in order of preference:

Date	Timeframe (between 7AM-8PM)
1st choice	
2nd choice	
3rd choice	

Is this a recurring program?

Does you require setup/breakdown time? If so, what timeframe(s):

If yes, please list other desired dates/times for the entire year. Please note, each date/time will incur a permit fee.

Please email this completed form to AlternativeSports.Recreation@denvergov.org along with your proof of insurance.