



**Parks and Recreation Department**  
 2015 North Van Dyke Street  
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**2014-2015 REQUEST FOR CROSS-COUNTRY SKI MEET/PRACTICE SITE  
 FACILITY RESERVATION FORM**

School/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Athletic Director's name and phone number: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Date	Location	Time (begin/end)	Indicated if a Practice or Meet	Notes: e.g. approx. # of participants/skate ski/classic
	<b>Location</b>	<b>Time (begin/end)</b>	<b>Indicate if a Practice</b>	<b>Notes: e.g. approx. # of</b>

Date			or Meet	participants/skate ski/classic

Representatives Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----For  
Office Use Only: \_\_\_\_\_ Practice Fee Paid on \_\_\_\_\_ Meet Fee Paid on \_\_\_\_\_  
Date Date

