

Appendix C

CITY OF MONTE VISTA - SKI HI/PARK FACILITY REQUEST FOR DISCOUNT

(Request for discount needs to be turned in 2 months before event)

Name of Contact Person _____
Address _____
City _____ State ____ Zip Code _____ Phone No. _____

Name of Organization _____
Type of Business: Resident Commercial Non-Profit (proof on non-profit is required)

Event _____

Date(s) of Event _____

Reason for discount? _____

Rental Amount: \$ _____
Discount Request: \$ _____
Rental Cost After Discount: \$ _____

- Max 20% discount for Non-Profit Organizations.
- Max 35% discount for Youth Serving Organizations.

Recreation Dept. Recommendation: Approved
 Denied - Reason: () Fail to proof Non-profit
() Not qualified

Comments: _____

Rec. Signature _____ Staff Title _____ Date _____

Council Decision:

Approved

Denied

Council signature: _____ Date: _____