

## 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: \_\_\_\_\_