GOLD BUG PARK AND MINE TOUR APPLICATION

Completed applications may be submitted to Monique Plubell, Recreation Supervisor By mail: 549 Main St., Placerville, CA 95667 • By email: <u>mplubell@cityofplacerville.org</u> • By fax: (530) 642-5236 Community Services Department: (530) 642-5232

Applicant:		_School/Organization:		Grade of Students:	
Address (City/St/Z	ip):				
Daytime Phone: Cell		_ Cell Phone:	Fax:		
E-mail:					
Requested Tour Da	ite:	Time:	9:30 AM 12:00 PM	1:30 PM	
Number of youth p	articipants: Number	of adult participants:	Total:		
notice in order to		p does not show up fo	r the tour without giving prope	u need to cancel, we require 48 hour r notice, your fees will be forfeited.	
Fee Schedule: <u>Guided Tours (Monday-Friday)</u> From 1-10 people (minimum rate): \$100.00 Each additional person: \$8.00 50 people maximum		: \$100.00 \$2.00/hr. p <i>NOTE:</i> Pl	Gem Panning \$2.00/hr. per person NOTE: Please bring something for gem collection otherwise we offer vials for sale in the Gift Shop for \$1.00 ea.		
Please check the bo	ox for requested options:				
	Guided Tour: YES	NO			
	With Gem Panning:YES	NO	If yes, how many participants v	vill be panning?	
	With Gift Shop: YES	NO	NOTE: If you are requesting b	oth Gem Panning and Gift Shop,	
	Self-Guided Tour: YES	NO	one activity may have	to be conducted after the tour.	
Will your group be eating at the park? If yes, please leave the picnic area clean for the next group. YES NO					
endorsement CG 20 2635 Gold Bug Ln.	ement: A certificate of insurance n 0 26 04 13 or equivalent is required ., Placerville, the date of event/tour eservation. Insurance certificate du	. The insurance certifica and event name, Gold I	ate must specify the location of us Bug Park and Mine Guided Tour.	se as Gold Bug Park and Mine, Insurance must be received	
Special Requests: _					
Applicant Signature:			Date:		
Print Name:					
<mark>Once yo</mark>	our application and date have bee	n approved, you will l	be provided with an invoice reg	arding fees and insurance.	
		Office Use	Only		
Date application re	ceived:	Insuran	ce received by:	Date:	
Approved:	YES NO	Paymen	t received by:	Date:	
Put on the Calenda	r: YES NO	Paymen	t in the form of:		
Applicant Notified	YES NO		Check(s) \$	Check #	
Waitlisted	YES		\$	Check #	
			Cash \$		

TOTAL \$ _____