



## REQUEST FOR CROSS-COUNTRY SKI MEET/PRACTICE SITE FACILITY RESERVATION FORM

**Battle Creek Winthrop Trail location:** 75 Winthrop Street S, St Paul, MN 55119

**Fees:** \$289 per meet, \$347 for practices per season (to be collected at end of year if snow permitted use)

For trail condition information, please visit [skinnyski.com](http://skinnyski.com)

As a condition of granting a permit, a certificate of insurance for comprehensive general liability in the minimum amount of \$1,000,000 per occurrence and \$2,000,000 general aggregate is required for all event providers. The required insurance certificate **MUST** name **“Ramsey County, its agents, officials, employees and volunteers as additional insured”** Please use that exact verbiage on the COI. The certificate holder is: **Ramsey County Parks and Recreation, 2015 Van Dyke St, Maplewood, MN 55109**. A copy of the certificate must be submitted at **least 30 days prior** to the scheduled event, or ideally with this application. Email to [parks@co.ramsey.mn.us](mailto:parks@co.ramsey.mn.us).

The Battle Creek Rec Center is operated by the City of Saint Paul, separate from the trails and can be reserved by contacting [John.Haldeman@ci.stpaul.mn.us](mailto:John.Haldeman@ci.stpaul.mn.us) or calling 651-501-6347

Questions can be directed to the Recreation Services Supervisor, [Liz.Amici-Floyd@RamseyCounty.us](mailto:Liz.Amici-Floyd@RamseyCounty.us)

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

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

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

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

Coach's name: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Billing Contact Phone & Email \_\_\_\_\_

**Requested Meets:**

	Date	Time Begin	Time End	# of Skiers	Other Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Requested Practices:**

	Date	Time Begin	Time End	# of Skiers	Other Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to [parks@co.ramsey.mn.us](mailto:parks@co.ramsey.mn.us) with a Certificate of Insurance (see above for instructions)

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**For Office Use Only:**

Practice Fee Paid on \_\_\_\_\_  
Date

Meet Fee Paid on \_\_\_\_\_  
Date

COI Received