

REQUEST FOR CROSS-COUNTRY SKI MEET SITE FACILITY RESERVATION FORM

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

Fees: \$320 per meet. Meets cancelled unrelated to weather: 3-day notice and receive 50% refund. Meets will be invoiced at the end of the ski season.

Ski meets do not have exclusive use of the trails and must share the trail with others.

For trail condition information, please visit skinnyski.com

Requirements:

- ❖ All team members must have a valid All-Access ski pass. Confirm roster/passes with Liz.Amici-Floyd@RamseyCounty.us. Pass information: [Cross-Country Skiing | Ramsey County](#)
- ❖ 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.
- ❖ If tax exempt, email ST-3 documentation.

Battle Creek Rec Center Information:

- ❖ The Battle Creek Rec Center is operated by the City of Saint Paul, separate from the trails and can be reserved by contacting Jamie.Anderson@ci.stpaul.mn.us or calling 651-501-6347
- ❖ Parking: Ski teams must drop off and pick up at the Battle Creek Elementary parking lot or along Ruth Street. Buses may park at 2401 Upper Afton Road. *Buses entering the Battle Creek Rec Center parking lot will be charged \$100 fine.*

Questions can be directed to the Recreation Services Supervisor, 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					

Representative's Signature: _____ Date: _____

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

For Office Use Only:

Practice Fee Paid on _____ Date

Meet Fee Paid on _____ Date

COI Received