



# Professional Instruction Application Form

## Sacramento County Department of Regional Parks

Please return all applications to 10361 Rockingham Drive, Suite 100, Sacramento CA 95827  
 Email to [ParkEvents@SacCounty.net](mailto:ParkEvents@SacCounty.net) or fax to (916) 875-6632.

To apply for a professional instruction permit you must complete this application fully. This application and all other required materials must be returned with a non-refundable \$50 filing fee. Applications must be submitted in advance of any proposed professional instruction.

<b>Organization:</b>
<b>Name:</b>
<b>Address, City, State, Zip code:</b>
<b>Daytime Phone:</b> <span style="float: right;"><b>Fax:</b></span>
<b>Email Address:</b>
<b>Name of contact for day of Instruction:</b>
<b>Cell phone number of contact:</b>
<b>Organizations website address:</b>
<b>Tax Exempt # (if non-profit group):</b>

<b>Activity Dates &amp; Times (Start &amp; End)</b> <small>use additional sheets if needed</small>	
<b>Trail Locations</b>	Start <span style="margin-left: 150px;">Finish</span>
<b>Staggered Start Times (5min intervals)</b>	
<b>Park Locations (include picnic areas)</b>	
<b>Activity Set-up</b>	Time:
<b>Activity Breakdown</b>	Time:
<b>Anticipated Number of Participants - 200 max on American River Parkway 250 max for other Regional Parks</b>	
<input type="checkbox"/> 1-10 participants <input type="checkbox"/> 11-20 participants <input type="checkbox"/> 21-40 participants <input type="checkbox"/> 41-75 participants <input type="checkbox"/> 76-100 participants <input type="checkbox"/> 101-150 participants <input type="checkbox"/> 151-200 participants <input type="checkbox"/> 151-250 participants <span style="display: block; text-align: center;"><small>(max American River Parkway)    (max Regional Parks)</small></span>	

<b>Overall Activity Description</b>
Description of activity and specific locations requested (please use attachments when necessary):
Is this Professional Instruction private or open to the public?
Will you be charging fees to participants? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, How much?
How are the fees charged to participants? Check all that apply. <input type="checkbox"/> Per Class <input type="checkbox"/> Per Season <input type="checkbox"/> Annual

**Professional Instruction Application Requirements:**

A course map of your Professional Instruction activity is required to be submitted with this application. Please include the following locations on the map (as applicable):

- Start and Finish Activity Locations
- Activity Course Route – include multiple maps if multiple routes & locations
- Anticipated parking locations

**Organizations must allow up to three weeks for application to be reviewed**

**I, the undersigned representative, am duly authorized by the organization to submit this application on its behalf and understand that, with the exception of credit card information, the information contained in this application will be available as a public record. The information contained herein is complete and accurate.**

Applicant Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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✂ ✂ After processing application payment information is destroyed by the Department ✂

<b>Payment Information</b>		
Amount Due: \$50.00	Payment Method (check all that apply)	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check/Money Order # _____	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Card #:	Expiration Date:	
Verification code (Last 3 digits on signature strip):		
Authorized Signature:	Date:	

