

GOLD BUG PARK AND MINE TOUR APPLICATION

Completed applications may be submitted to Jill Kearney, Tour Coordinator
 Via mail: 549 Main St., Placerville, CA 95667 by email: jkearney@cityofplacerville.org
 Gold Bug Park (530) 642-5207



Applicant: _____ School/Organization: _____ Grade of Students: _____

Address (City/St/Zip): _____

Daytime Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____

Requested Tour Date: _____ Time: 9:30 AM 12:00 PM 1:30 PM

Number of youth participants: _____ Number of adult participants: _____ Total: _____

Guided tours require a 2-hour minimum and will start at the time you designate. Please be prompt. If you need to cancel, we require 48-hour notice in order to receive a full refund. If your group does not show up for the tour without giving proper notice, your fees will be forfeited. If a problem arises on the day of the tour, please contact the park office at (530) 642-5207.

Fee Schedule:

Guided Tours (Monday-Friday)

From 1-10 people (minimum rate): \$100.00

Each additional person: \$8.00

50 people maximum

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 box for requested options:

Guided Tour: YES NO

With Gem Panning: YES NO

With Gift Shop: YES NO

Self-Guided Tour: YES NO

If yes, how many participants will be panning? _____

NOTE: If you are requesting both Gem Panning and Gift Shop,

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

Insurance Requirement: A certificate of insurance naming the City of Placerville as additionally insured for at least \$1,000,000.00 with endorsement CG 20 26 04 13 or equivalent is required. The insurance certificate must specify the location of use as Gold Bug Park and Mine, 2635 Gold Bug Ln., Placerville, the date of event/tour and event name, Gold Bug Park and Mine Guided Tour. Insurance must be received within 14 days of reservation. Insurance certificate due date will be indicated on the invoice once tour date is approved.

Special Requests: _____

Applicant Signature: _____ Date: _____

Print Name: _____

Once your application and date have been approved, you will be provided with an invoice regarding fees and insurance.

Office Use Only

Date application received: _____

Insurance received by: _____ Date: _____

Approved: YES NO

Payment received by: _____ Date: _____

Put on the Calendar: YES NO

Payment in the form of:

Applicant Notified YES NO

Check(s) \$ _____ Check # _____

Waitlisted YES

\$ _____ Check # _____

Cash \$ _____

TOTAL \$ _____