

SPECIAL EVENT APPLICATION

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|--|-----------------------------------|--------------|------------------|-------------------------------|--|
| THIS APPLICATION IS FOR PUBLIC EVENTS ONLY | | | | | |
| I WANT TO USE (CHECK ALL THAT APPLY) | | | | | |
| Park <input type="checkbox"/> | Sidewalk <input type="checkbox"/> | | | Road <input type="checkbox"/> | |
| APPLICANT INFORMATION | | | | | |
| Name: | | | | | |
| Daytime Phone: | | | Event Day Phone: | | |
| Address: | | | Email: | | |
| City: | State: | | ZIP Code: | | |
| Alternate Contact Name: | | | | | |
| Phone: | | | Email: | | |
| BILLING INFORMATION (if different from above) | | | | | |
| Name: | | | | | |
| Daytime Phone: | | | Event Day Phone: | | |
| Current Address: | | | Email: | | |
| City: | State: | | ZIP Code: | | |
| PLEASE PROVIDE THE FOLLOWING DETAILS FOR YOUR EVENT | | | | | |
| Event Name: | | | | | |
| Presenting Organization: | | | | | |
| City Property Requested: | | | Day and Date(s): | | |
| Time | Set-Up: | Event Start: | Event End: | Clean Up: | |
| Start/end location, with attached course route/map (if applicable): | | | | Road Closures: | |
| Estimated Number of Participants: | | | | | |
| PLEASE DESCRIBE YOUR PROPOSED EVENT BELOW. ATTACH ADDITIONAL PAGES IF NECESSARY | | | | | |
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