



Special Event Information Form

Tournaments, Athletic Camps, Sports Clinics, Outdoor Fairs, etc.

**A Facility Use Application must be submitted with this form.
This form must be received at least four (4) weeks prior to the special event.**

NAME OF ORGANIZATION / GROUP / AGENCY	APPLICANT'S NAME	APPLICANT'S TITLE

			<input type="checkbox"/> Accredited	<input type="checkbox"/> Non-Accredited
DAYTIME TELEPHONE	NIGHT TIME TELEPHONE	E-MAIL ADDRESS		

TYPE OF EVENT	PURPOSE OF THE EVENT

LOCATION(S) & SPACE(S) TO BE USED FOR EVENT *(Attach a Facility Use Application for each Space)*

DATE(S) OF SPECIAL EVENT		DAY(S) OF WEEK							HOURS			
FROM DATE	TO DATE	SUN	MON	TUE	WED	THU	FRI	SAT	FROM TIME	AM/PM	TO TIME	AM/PM

Has a certificate of liability insurance been obtained? Yes No *If Yes, attach a copy of the certificate.*

Do you plan to have a food concession operation? Yes No *If Yes, attach a copy of Health Department's approval?*

Will money be collected or expended on this event? Yes No *If Yes, complete the Proposed Budget Section below.*

Do you anticipate this event will generate a net profit? Yes No

IF YES, HOW WILL THE PROCEEDS BE DISTRIBUTED?

Has a vendor(s) been hired to coordinate this activity? Yes No

IF YES, IDENTIFY THE NAME OF THE VENDOR(S)

What is the fee charged per team / participant? Number of teams / participants expected.

<u>EXPENSES</u>	<u>AMOUNT</u>	<u>SOURCES OF REVENUES</u>	<u>AMOUNT</u>
TOTAL	\$ -	TOTAL	\$ -

I am authorized to complete this form on behalf of our organization. I understand that knowingly signing a false statement may adversely impact our organization's use of public facilities.

APPLICANT'S SIGNATURE

DATE