



# ST. CHARLES COUNTY PARKS AND RECREATION

## Preliminary Special Event Application

Any organization or business must be legally incorporated to be eligible to make an application.

**Applicant Name:** \_\_\_\_\_

Individual,  Not-For-Profit Organization,  For Profit Business,  Other \_\_\_\_\_

**Event Coordinator:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alt Phone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

Applicant is/or represents a Not-For-Profit Organization that in the past 12 months has either provided 200 hours of volunteer work or has donated \$3,000 in cash, goods or services to the St. Charles County Parks Department.

### Event Information

Park hours are from 7 a.m. until ½ hour after sunset. Your event, including set up and take down, must occur during this time. Please attach additional information on separate sheets of paper to completely answer any of the following:

**Event Name & Description:**

**Requested Date(s) and Times:**

**Estimated Attendance:** Staff/Volunteers \_\_\_\_\_ Spectators/Participants \_\_\_\_\_

**Park(s) Requested:**

**Park Facilities/Areas Requested:**

**Please list any type of special equipment/apparatus you are requesting to be brought into the park(s). Indicate the company and contact info for who will supply the equipment/apparatus:**

**Please check any of the following that apply to your requested event:**  Alcohol  Beer Keg  Concession Sales  Admission Fees  Entry Fees  Parking Fees  Security Fees  First Aid Stations  Golf carts or other utility vehicles  Emergency Vehicles  Security Personnel (including Law Enforcement)

**Glass bottles will only be allowed indoors at indoor facilities when authorized.**

Liability insurance indemnifying St. Charles County Government may be required. Minimum amount of insurance shall be \$500,000 (five hundred thousand dollars) per person with a 2,000,000 (two million dollar) aggregate. St. Charles County reserves the right to require additional coverage depending on the nature of the event.

**Please list any additional requests you may have regarding your proposed event on a separate sheet and attach.**

**SIGNATURE:** \_\_\_\_\_ **DATE SUBMITTED:** \_\_\_\_\_