

ST. CHARLES COUNTY PARKS DEPARTMENT

APPLICATION FOR SPECIAL AUTHORIZATION

PLEASE PRINT: (APPLICANT MUST BE 18 YEARS OF AGE TO RENT ANY ST. CHARLES COUNTY FACILITY)

Today's Date _____

Event Beginning Date & Time _____ Event ending Date & Time _____

Type of Event _____

Estimated Attendance *Staff* _____ *Volunteers* _____ *Spectators/Participants* _____

Applicant Name _____

Street Address _____

City _____ State _____ Zip Code _____

Main Phone Number _____ Alternate Phone Number _____

Email _____

Name of Organization Applicant Represents _____

Contact Person (Day of Event) _____

Street Address _____

City _____ State _____ Zip Code _____

Main Phone Number _____ Alternate Phone Number _____

Email _____

Please answer the following question regarding your event:

1. Please list the Park/section of park or what facility(s) you wish to reserve
2. Will your proposed event require any type of special equipment/apparatus to be brought into the parks?
_____ YES _____ NO

If yes, please list equipment/apparatus type

3. Name of company and telephone number who will supply this equipment/apparatus:

TO CONTACT THE PARK RANGER ON DUTY CALL 314-713-4394. IN AN EMERGENCY CALL 911.

