

St. Joseph County Parks Department
Special Events Application



THE EVENT:

Name of Event: _____

Date of Event: _____ Hours of the Event: _____

Estimated number of attendees: _____ Will this Event be open to the general public? Yes No
(If yes, may we promote it in our Activity Guide? Yes No (if print deadlines permit)

Has this event been held at a St. Joseph County Park in the past? Yes No If yes, when? _____

Has this event been held at any other public park or location in the past? Yes No If yes, when, _____
Where? _____

Sponsor / Organization: _____

Address: _____

Telephone/Fax: _____

Contact name(s): _____

Email: _____

Is this a not-for-profit/501(C)3 organization? Yes No Is this Event a fundraiser for a registered 501c3? Yes No

(If yes, please attach proof of 501(C)3status) Who will receive funds raised?
 Organization submitting this proposal
 Other: _____ (Enclose 501 c3 status form)

All fundraising activities require prior approval of the Parks Director. Please Initial _____

Event to be held at: St. Patrick's Ferrettie Baugo Creek Bendix Woods Spicer Lake

Shelter/area desired: _____ Do plans involve utilizing Tents/Canopies? Yes No
(Tents are allowed in designated areas only, and are subject to approval)

Required Set-up/Tear-down time (days/hours) _____

On the day of the event, what are the arrival and departure times anticipated? (Please consider final set up and clean up/tear down)

Arrival Time _____ Departure Time: _____

Are you requesting overnight use of the park? Yes If yes: Date/day _____ No

Note: Overnight use, if approved, requires overnight security.)

Will any proposed activity take place outside of shelter, in open space, or on park trails or parking lots? Yes No If yes, please describe: _____

Do you have any specific parking needs such as additional accessible parking, VIP parking, etc? Yes No If yes, please describe: _____

Do event plans include music? Yes No If yes, please describe music (i.e amplified or acoustic, etc.) _____

Music is allowed in certain areas only. All music must conform to SJC Parks Rules and not interfere nor disturb other park patrons. **Please initial** _____

Please provide a **detailed** description of the proposed Event, the types of activities planned, fundraising details, and any special requirements or accessibility needs (attach additional pages as needed): _____

Will alcohol be available at this event? Yes No Please describe: _____

Please note: Alcohol sales are not permitted in St. Joseph County Parks. Please Initial _____

VENDORS

Will your event include merchandise or food available for sale or food available for free distribution by third party group or vendors?

Estimated of number of merchandise vendors: _____

Estimated number of food vendors: _____

Note: the attached vendor form must be submitted no later than 3 weeks from your scheduled event. **Please initial** _____

EVENT LAYOUT

Please provide a basic (proposed) layout of the Event on a park map. Download a park trail map from our web site: www.sjcparks.org, and clicking on the park you select at the top of the page; then click on the "printable trail map" under "Activities Available" in the middle of the page. (on the map, show us how you envision the layout of activities, location of tents/canopies, walking/jogging routes, vendor locations, etc). Use area below for a brief, written description of layout:

MARKETING/ADVERTISING

Will you be marketing/promoting this Event? Yes No

How? Print Radio TV Outdoor Signage or billboards Other _____

If available, please provide an example of a promotional material (flyer, brochure, ad, etc.) that may utilized. Where will the materials be distributed? _____

The Parks Director must approve all promotional materials containing the name or address of any of the St. Joseph County Parks properties in advance of their release to the public. Please initial _____

We require the full name of the county park to be used in all public communications about the event.

Authorized Representative's Printed Name

Title

Signature

Date

Please return completed form to:

St. Patrick's County Park
ATTN: Vicki Parmley
50651 Laurel Road
South Bend, IN 46637

NOTE: St. Joseph County Parks Department reserves the right to require all event coordinators provide proof of liability insurance, adequate maintenance and security personnel, and additional restroom facilities. St. Joseph County Parks requires that event coordinators sign a Waiver of Claim. All vendors associated with the event will be required to show proof of compliance with all laws and ordinances and will be required to pay a fee to St. Joseph County Parks prior to vending approval.

Vendor Form

St. Joseph County Parks

Special Events

Event name _____

Date: _____

Location: _____

Contact: _____

Please list **ALL** vendors (*attach additional pages as needed*):

Company Name: _____

Contact: _____

Address: _____

Phone: _____

Email: _____

Will this vendor be selling food/beverage items? Yes No

If no, what will be sold? _____

Will food or beverages be given away at no cost? Yes No

*Do you have documentation that this vendor has all necessary permits, licenses, insurance, etc.? (Copies must be submitted to our office at least 24 hours prior to the event – vendors will not be able to participate if we don't have appropriate documentation on file. **Please initial** _____)*

Company Name: _____

Contact: _____

Address: _____

Phone: _____

Email: _____

Will this vendor be selling food/beverage items? Yes No

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