

Elizabeth Park & Recreation District

Email : info@elizabethpr.com

Phone: 303.646.3599

www.elizabethpr.com

SPECIAL EVENT REQUEST FORM

Name of Event: _____ Date(s) of Event: _____

Time(s) of Event (include all time you will be on site including set-up and tear down / clean up): _____

Number of Expected Attendees: _____

Purpose of Event: _____

Park(s) / Area(s) to be Used: _____

Do you Plan to have Vendors at your Event: ___ YES ___ NO

If Yes, please list type(s) and quantities of Vendors: _____

ALL VENDORS MUST POSESS NEEDED STATE AND LOCAL LICENSES / PERMITS

Will alcohol be: Served _____ Sold _____ None _____

What is your Plan for Managing Trash: _____

What is your Plan for Providing Restrooms: _____

Will you Need to use the Arena or Sports Field Lights: ___ YES ___ NO

If YES, please list which lights you need and the days / times you need them turned on: _____

Will you Need any Other Services from the District such as Field Lining / Dragging, Restroom Cleanings, Concession Shop(s)? If YES, Please Describe: _____

Name of Event Contact: _____
Email: _____

Phone: _____
Today's Date: _____