St. Joseph County Parks Department **Special Events Application**



THE EVENT:

Name of Event:	Park location:		
Date of Event:	Hours of the Event:		
Estimated number of attendees:	Will this Event be open to the general public? \square Yes \square No (If yes, may we promote it in our Activity Guide? \square Yes \square No (if print deadlines permit)		
Has this event been held at a St. Joseph County Park in the part of the part o	ast? □ Yes □ No If yes, when?		
	the past? Yes No If yes, when,		
Address			
Telephone/Fax:			
Is this a not-for-profit/501(C)3 organization? $\Box Yes \ \Box No$	Is this Event a fundraiser for a registered 501c3? \square Yes \square 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	e Parks Director. <mark>Please Initial</mark>		
Event to be held at: \square St. Patrick's \square 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 ti	mes anticipated? (Please consider final set up and clean up/tear down)		
Arrival Time Departure Time:			
Are you requesting overnight use of the park? $\hfill\Box$ Yes If yes: D	ate/day □ No		
Note: Overnight use, if approved, requires overnight security.) $ \\$			
• • • • • • • • • • • • • • • • • • • •	n space, or on park trails or parking lots? ☐ Yes ☐ No If yes, please		
Do you have any specific parking needs such as additional accidescribe:	cessible parking, VIP parking, etc? ☐ Yes ☐ No If yes, please		

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, volunteer usuage,			
committees and any special requirements or accessibility needs (attach additional pages as needed):			
Alcohol service or sales are limited to events coordinated with SJCP, with SJCP serving as a major sponsor in event publicity. Alcohol service is limited to beer and wine only, with permission from the Parks Director and proof of an Indiana			
State Excise Police permit. Per County Ordinance, a police officer must also be on site during the entire event, with that cost			
being part of the event fees paid to SJCP. Please Initial			
			
Will alcohol be available at this event? ☐ Yes ☐ No Please describe:			
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: Proposed location of 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:

	Signage or billboards \square Other \square	ad, etc.) that may utilized. Where will the materials be
distributed:		
Parks properties <u>in advance of their rele</u>	ease to the public. Please initial	me or address of any of the St. Joseph County
We require the full name of the county p	ark to be used in all public communi	cations about the event.
Authorized Depresentative's Drinted Name	Titio	
Authorized Representative's Printed Name	Title	
Authorized Representative's Printed Name Signature		Date Date
) <mark>ate</mark>

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	s needed):		
Company Name:		Contact:	
Address:		Phone:	
		Email:	
Will this vendor be selling food/beverage items?	\square Yes \square No	If no, what will be sold?	
Will food or beverages be given away at no cost?	□ Yes □ No		
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		
· · ·		insurance, etc.? (Copies must be submitted to our office at least 24 ppropriate documentation on file. Please initial	
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		
· ·		insurance, etc.? (Copies must be submitted to our office at least 24 ppropriate documentation on file <mark>. Please initial</mark>	