

EVENT APPLICATION FORM (1B)

(Application to hold a parade/race/run/walk in the City of Parksville)

Date submitted: _____ Name of Event: _____

Name of Organization: _____ Phone: _____

Contact Name: _____ Bus. Phone: _____

Mailing Address: _____ Cell: _____

Postal Code: _____ Email: _____

Alternate Contact: _____ Phone: _____

Event is not approved until all documents are received and details confirmed.**Submission of application does not guarantee approval of event.**

Date(s) Requested: _____ Hours of Use: _____

(include setup/teardown times)

Duration of Parade: _____ (hours.)

Number and Type of units/participants: _____

(Note: Please provide a list of any other groups coming under the umbrella of this event)

General Description of Proposed Route (Please attach map): _____

Assembly Area: _____

Dispersal Area: _____

Closure of Street Required? ☐ Yes ☐ No (If yes, which streets?) _____

Traffic Control Arrangements: (Name of company/group and contact person)

Name: _____ Phone: _____

NOTE: City is not responsible to provide signage or barricades. Traffic signals will not be adjusted to accommodate the event.)

If your event requires **gate or electrical access key(s)**, contact the Special Events Coordinator to arrange pickup. Keys can be collected from the Administration Department, 100 Jensen Avenue East, during regular office hours. **\$50 deposit** is required and will be refunded upon return of key(s). All callout costs incurred by the City, including provision of keys after regular office hours, will be the responsibility of the organizer(s).

Event applications must include Terms and Conditions form. Signature required prior to submission for consideration.City of Parksville Office Use: City Approval: ☐ Yes ☐ No Date: _____