

Organization: _____ Name of Event: _____

Name of Parade Marshall/Contact Person: _____

Address: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Signature of Applicant **Printed Name** **Date**

Date of Parade: _____ Day of Week: _____ Time: _____

Duration of Parade: _____ (hrs.)

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: The responsibility for all traffic control rests with the body organizing the event. The City is not responsible to provide signage or barricades, nor will traffic signals be adjusted to accommodate the event.)

Should a gate or electrical access key be required for the event, attend the Operations Department office at 1116 Herring Gull Way to obtain key(s) prior to the event. A \$20.00 cash deposit is required and will be refunded upon return of key(s). Any and all call out costs incurred by the City, including provision of keys after regular office hours, will be the responsibility of the organizer(s).

See next page for Terms and Conditions - Signature required prior to submission for consideration._____
City of Parksville Office Use: City Approval: Yes No Date: _____