

VILLAGE OF MARISSA

PARK INFORMATION REQUEST

ORGANIZATION: _____

CHAIRMAN OF EVENT: _____

PRESIDENT OF ORGANIZATION: _____

DATE OF EVENT: _____

TYPE OF EVENT: _____

STATE CHARTER FOR NOT-FOR-PROFIT ISSUED: YES _____ NO _____

EXPLAIN NEEDS OF EVENT AND HOW THE PARK FACILITY WILL BE USED:

CERTIFICATE OF INSURANCE REQUIRED: YES _____ NO _____

LIQUOR LIABILITY REQUIRED: YES _____ NO _____

COPIES OF THESE CERTIFICATES MUST BE SUBMITTED TO THE MUNICIPAL CLERK PRIOR TO THE EVENT (IF REQUIRED). THE EVENT WILL BE STOPPED IF THEY ARE NOT FILED PRIOR TO THE EVENT.

SPECIAL CONDITIONS FOR THE PARK

1. SHELTER AND AREA MUST BE CLEARED BEFORE YOU LEAVE OR CLEANUP CHARGES WILL BE ASSESSED.

2. _____

3. _____

4. _____

5. _____

SIGNED: _____

ORGANIZATION CHAIRMAN

APPROVED: _____

MAYOR

DATE: _____

DATE: _____