

**Attachment A**

**Saint Charles City  
Parks and Recreation Department  
Special Events Applicant Information**

Organization Name \_\_\_\_\_

Event Chairman Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Event Chairman E-mail \_\_\_\_\_

**Organization Officers**

Event Officer Name \_\_\_\_\_

Event Officer Telephone \_\_\_\_\_

Event Officer E-mail \_\_\_\_\_

Treasurer Name\* \_\_\_\_\_

Treasurer Telephone\* \_\_\_\_\_

Treasurer E-mail\* \_\_\_\_\_

\* If there is no treasurer please list another officer of the event.

**Event Information**

Event Type/Name \_\_\_\_\_

Date of Event & Times \_\_\_\_\_

Location in Park (be specific) \_\_\_\_\_

Date from Previous Year \_\_\_\_\_

Do you plan to drive vehicles into the park? \_\_\_\_\_

If yes, please give a detail description of the vehicles, license plate numbers and the owners name to Todd Kassabaum, Parks Dept.

Will you have inflatables? \_\_\_\_\_

If yes, contact Janet Henderson, Saint Charles Parks Department.

Who do you have insurance through (please provide a copy)? \_\_\_\_\_

Will you need electricity, if so where? \_\_\_\_\_

Anticipated Attendance \_\_\_\_\_

Will alcoholic beverages be served? \_\_\_\_\_