



St. Charles Parks and Recreation Department
Preliminary Special Event Application

1900 W Randolph
Saint Charles, MO 63301
636-949-3372

Organization Name _____

Event Chairman Name _____

Telephone Number _____

Organization Address as listed on State of Missouri Incorporation Document _____

City, State, Zip Code _____

Event Chairman E-mail _____

Event Information

Event Name & Type _____

Requested Event Dates & Times _____

Requested Event Setup Dates & Times _____

Requested Event Clean Up Dates & Times _____

Park Requested _____

Park Facilities Requested _____

Will you have inflatable's/amusement rides? _____ How many? _____

Will you need electricity? _____

Anticipated Attendance _____

Will Alcoholic beverages be served? _____

One Time or Annual Event? _____

Signature _____ Date Submitted _____