

CITY OF EASTON – SPECIAL EVENT REQUEST FORM

Application instructions: Please print. **Complete and return one form per event no later than 45 day prior to the event to: City of Easton, Attn: Mayor's Office of Special Events, 123 South Third St., 3rd floor, Easton, PA 18042.** If you should have any questions please call 610-250-6610.

EVENT: _____

DATE(S): _____

RAINDATE (if none, please indicate): _____

SET UP START TIME: _____ EVENT START TIME: _____

EVENT END TIME: _____ EVENT CLEANUP TIME: _____

LOCATION OF EVENT: _____

ORGANIZER INFORMATION:

SPONSOR OF EVENT: _____

MAILING ADDRESS: _____

ORGANIZER CHAIRPERSON: _____

PHONE: _____ EMAIL: _____

FOOD VENDOR CHAIR: _____

PHONE: _____ EMAIL: _____

EVENT INSURING AGENT: _____

INSURANCE POLICY #: _____ EXPIRATION DATE: _____

(A Certificate of Insurance Naming the City of Easton as an Additional Insured must be attached before the request can be processed.)

(OVER)

PROVIDE A COMPLETE DESCRIPTON OF YOUR EVENT. IF THE EVENT INCLUDES A PARADE, WALK OR RUN ATTACH A DETAILED NARRATIVE AND A MAP OF THE ROUTE.

CHECKLIST OF REQUESTED CITY PROVISIONS:

() Park or other Public Area as Site of Event:

- () Centre Square
- () Riverside Park and amphitheatre
- () Scott Park and stage
- () Other (specify) _____

() City Equipment Requested:

- () Bandwagon (in city only)
- () Stage (portable)
- () Public Address System
- () Other (specify below): _____

() Vending as component of Event:

- () Food Vending - If yes, approximate number of food vendors: _____
- () Non-Food Vending – If yes, approximate number _____