

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., 3<sup>rd</sup> 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 DESCRIPTION OF YOUR EVENT. IF THE EVENT INCLUDES A PARADE, WALK OR RUN ATTACH A DETAILED NARRATIVE AND A MAP OF THE ROUTE.

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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):

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Vending as component of Event:

Food Vending - If yes, approximate number of food vendors: \_\_\_\_\_

Non-Food Vending – If yes, approximate number \_\_\_\_\_