



SPECIAL EVENTS INQUIRY SHEET

(Please Print)

CITY OF LAPORTE PARK AND RECREATION DEPARTMENT
250 Pine Lake Avenue, LaPorte, IN 46350 * PH: 219-326-9600 * FAX: 219-326-7566
www.laporteparkandrec.com

Today's Date: _____

Organization/Company Information

Name _____ 501(C) 3: Yes No

If yes, attach a copy of the IRS 501 (C) tax exemption letter.

Website: _____

Contact Information

Name _____ Phone _____ Fax _____

Cell: _____ Email: _____

Mailing Address: _____ Unit/Suite: _____

City: _____ State: _____ Zip Code: _____

EVENT DETAILS

Date(s) of Event _____ Anticipated Attendance _____

Anticipated Number of Vehicles _____

Description of Event _____
(Wedding, Concert, Company Picnic, Reunion, Walk-a-thons, etc.)

Location Requested: _____ Event Times: Start _____ End* _____
*End time indicates when group will be out of park grounds.

Open to the Public? Yes No Admission Fee: _____

Set-Up Days/Times _____

Will Vendor/participant admission fees be charged? Yes No If Yes, amount \$ _____

Will vendors be selling goods? Yes No

Will you be utilizing a picnic shelter/amphitheater? Yes No If Yes, please indicate _____

Will road closures be necessary? Yes No If Yes, please indicate _____

SPECIAL PARK USE ACTIVITY REQUEST

Inflatable Party Jump _____ Equipment Provider _____ Yes No

Dunk Tank _____ Equipment Provider _____ Yes No

Shade Structures (Tent/Canopy) _____ Yes No

Equipment Provider _____ Size of Structure _____

Number of Portable Toilets _____ (if required) Equipment Provider _____
 (1) Portable Toilet for each additional 100 people, or portion thereof, over the initial 100 people is required

Number of Dumpsters (if required) _____ Equipment Provider _____
 300 People or more: (1) dumpster with lid for each full increment of 300 people

VOICE/MUSIC AMPLIFICATION

Yes No

P.A. System
 Megaphone

Boom Box/Radio
 Air Horn

Bullhorn
 Other

Power Needs (in detail) _____

If there are musical entertainment features associated with your event, please provide an attachment listing all band(s)/performer(s)/disc jockeys, sound check and performance schedules.

FOOD AND BEVERAGES

Do your event plans include the on-site preparation of Food?

If yes, will you be utilizing a barbeque grill or open flame? (Please describe) _____

Do your event plans include distribution of food (including samples)? Yes No

Do your event plans include the sale of food? Yes No

Do your event plans include the use of alcoholic beverages? Yes No

Do your event plans include the sale of alcoholic beverages? Yes No

Do your event plans include the consumption of food or beverages not described in this section (i.e. Caterer, etc.)?

If yes, please describe _____

Failure to accurately report statements may result in loss of deposit, revocation of permit and/or failure to secure future permits.