



**CITY OF UNIVERSITY CITY  
DEPARTMENT OF PARKS, RECREATION & FORESTRY**

**PARKS SPECIAL EVENT APPLICATION**

Please note: The completion and submission of this document is informational purposes only and will be used to determine whether this parks special event request can be fulfilled or not.

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS & ZIP:** \_\_\_\_\_

**PARK/FACILITY:** \_\_\_\_\_

**DATE(S):** \_\_\_\_\_ **TIME(S):** \_\_\_\_\_

**ATTENDANCE:** \_\_\_\_\_ **ACTIVITY:** \_\_\_\_\_

**501c3**  **YES**  **NO**

**I. CONTACT INFORMATION**

Organization Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Additional Contact Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

**II. EVENT/ACTIVITY INFORMATION**

**CLASSIFICATION**

All Activities at the Park/Facility shall be classified as one of the following:

- Organization – Fundraiser
- Organization – Non-Fundraiser

**EVENT/ACTIVITY**

Event/Activity– Full description and/or name of function or event/activity for which the Facility is to be rented:

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Estimated number of: Spectators \_\_\_\_\_ Performers \_\_\_\_\_ Vendors \_\_\_\_\_

**DATES/TIMES**

Day(s) of Activity: \_\_\_\_\_

Activity/Event Begins: \_\_\_\_\_

Activity/Event Ends: \_\_\_\_\_

Promotions Set-up Date: \_\_\_\_\_

Promotions Set-up Time: \_\_\_\_\_

Promotions Take Down Date: \_\_\_\_\_

Promotions Take Down Time: \_\_\_\_\_

Lights/Sound Set-up Date: \_\_\_\_\_

Lights/Sound Set-up Time: \_\_\_\_\_

Lights/Sound Take Down Date: \_\_\_\_\_

Lights/Sound Take Down Time: \_\_\_\_\_

Performer/Activity Load in Date: \_\_\_\_\_

Performer/Activity Load in Time: \_\_\_\_\_

Performer/Activity Load out Date: \_\_\_\_\_

Performer/Activity Load out Time: \_\_\_\_\_

Vendor Set-up Date: \_\_\_\_\_

Vendor Take Set-up Time: \_\_\_\_\_

Vendor Take Down Date: \_\_\_\_\_

Vendor Take Down Time: \_\_\_\_\_

Traffic Control Set-up Date: \_\_\_\_\_

Traffic Control Set-up Time: \_\_\_\_\_

Traffic Control Take Down Date: \_\_\_\_\_

Traffic Control Take Down Time: \_\_\_\_\_

Gate Time Set-up Date: \_\_\_\_\_

Gates Open: \_\_\_\_\_

Gate Close: \_\_\_\_\_

Gate Take Down: \_\_\_\_\_

Take Down Complete: \_\_\_\_\_

**EVENT/ACTIVITY DETAILS**

Admission Fee	Yes _____	No _____
Alcohol Sales	Yes _____	No _____
Alcohol Non-Sales	Yes _____	No _____
Donations Collected	Yes _____	No _____
Food/Beverages Sales	Yes _____	No _____
Food/Beverages Non-Sales	Yes _____	No _____
Gated Event	Yes _____	No _____
Live Music	Yes _____	No _____
DJ	Yes _____	No _____
Merchandise Sales	Yes _____	No _____
Ticket Sales/Takers	Yes _____	No _____
Security Required	Yes _____	No _____
Volunteers	Yes _____	No _____
Animals	Yes _____	No _____
Painting	Yes _____	No _____
Motor Sports	Yes _____	No _____
Athletics	Yes _____	No _____
Fireworks	Yes _____	No _____

If having merchandise sales, what type of items do you plan to sell?

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If having admissions/ticket sales, what type of admissions/sales will take place?

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Ticket/Donation Price(s):

Advance \_\_\_\_\_

Gate \_\_\_\_\_

Other \_\_\_\_\_

**EQUIPMENT DETAILS**

Audio System	Yes _____	No _____	Number _____
Video System	Yes _____	No _____	Number _____
Public Address System	Yes _____	No _____	Number _____
Generators	Yes _____	No _____	Number _____
Grills/BBQ	Yes _____	No _____	Number _____
Lighting	Yes _____	No _____	Number _____

Display Screens	Yes _____	No _____	Number _____
Visual Signs/Banners	Yes _____	No _____	Number _____
Tents	Yes _____	No _____	Number _____
Tables	Yes _____	No _____	Number _____
Chairs	Yes _____	No _____	Number _____
Bleachers	Yes _____	No _____	Number _____
Trash Receptacles	Yes _____	No _____	Number _____
Amusement Rides	Yes _____	No _____	Number _____
Inflatables	Yes _____	No _____	Number _____
Booths	Yes _____	No _____	Number _____
Gazebos	Yes _____	No _____	Number _____
Stage/Risers	Yes _____	No _____	Number _____
Porta-Potties	Yes _____	No _____	Number _____
Vehicles	Yes _____	No _____	Number _____
Equipment	Yes _____	No _____	Number _____
Fencing	Yes _____	No _____	Number _____
Trailers/Trams	Yes _____	No _____	Number _____
Other	Yes _____	No _____	Number _____

**CITY SERVICES**

Parks	Yes _____	No _____	Number _____
Water	Yes _____	No _____	Number _____
Electric	Yes _____	No _____	Number _____
Sanitation	Yes _____	No _____	Number _____
Police	Yes _____	No _____	Number _____
Fire	Yes _____	No _____	Number _____

**PROMOTION/ADVERTISING DETAILS**

Indicate Activity Promotion:

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Direct Mail \_\_\_\_\_

Newspapers (name) \_\_\_\_\_

Posters/Fliers (Locations) \_\_\_\_\_

Radio (Stations) \_\_\_\_\_

Social Media (sites) \_\_\_\_\_

TV (Stations) \_\_\_\_\_

Websites \_\_\_\_\_

Other \_\_\_\_\_

**III. REPRESENTATION INFORMATION**

\_\_\_\_\_ I understand the completion and submission of this application is for informational purposes only and will be used to determine whether my request can be fulfilled or not.

\_\_\_\_\_ I have read the Park Special Event/Use Rules and Regulations as they apply to this Parks Special Event/Use Application.

\_\_\_\_\_ I will be contacted by a City of University City representative once this document has been received and reviewed. I understand I should allow at least two (2) weeks for my rental request to be processed.

As the representative of the organization and its amenities, and by my signature, I agree that I am the responsible party and fully understand and agree to adhere to and comply with all the rules and regulations, laws and ordinances of the City of University City and the University City Department of Parks, Recreation and Forestry.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICATION FEE**     **YES**     **NO**

**Office Use Only**

**Recommendation of Deputy Director of Recreation Services**

Tentative approval \_\_\_\_\_ tentative denial \_\_\_\_\_

Reason for tentative denial

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Recommendation of Maintenance Operations Superintendent**

Tentative approval \_\_\_\_\_ tentative denial \_\_\_\_\_

Reason for tentative denial

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Recommendation of Director of Parks, Recreation and Forestry**

Tentative approval \_\_\_\_\_ tentative denial \_\_\_\_\_

Reason for tentative denial

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Recommendation of Department Directors and City Manager**

Parks Department	Yes _____	No _____
Police Department	Yes _____	No _____
Fire Department	Yes _____	No _____
Planning/Zoning Department	Yes _____	No _____
Public Works Department	Yes _____	No _____
City Manager	Yes _____	No _____

Additional Notes/Comments \_\_\_\_\_

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