



# Northern Virginia Regional Park Authority

5400 Ox Road, Fairfax Station, Virginia 22039 Phone 703-352-5900 Fax: 703-273-0905

Visit us at [www.NVRPA.org](http://www.NVRPA.org) or e-mail us [EVENTS@nvrpa.org](mailto:EVENTS@nvrpa.org)

## EVENT / USE APPLICATION

### PERMIT APPLICATION

The Event / Use Application is designed to gather specific information about your organized event, and / or request for special use of Northern Virginia Regional Park Authority lands and/or facilities. The completed application will be forwarded to the appropriate park manager or coordinator for processing. Permit approval or denial will come from their office within 14 days. Applications must be received a minimum of 30 days prior to the event to receive consideration. The application has a \$10 processing fee per event. If approved, a signed permit will be issued upon receipt of a \$15 permit fee per event. For groups/company events along the W&OD Trail there is a \$50 processing fee.

**\*\*\*NOTE: The Bull Run Special Events Center has its own permit application. To find out more about it call 703-631-0550 or e-mail [bull\\_run@nvrpa.org](mailto:bull_run@nvrpa.org).**

### EVENT SPONSOR

Name of Event: \_\_\_\_\_

Date/s: \_\_\_\_\_  
(Multiple dates can be used for an on going event through the year and one permit would be issued)

Time/s: \_\_\_\_\_  
(Please state start & ending times per dates)

Special considerations to Dates & Times (rain date, second choice...): \_\_\_\_\_

Will this be an annual event?  Yes  No

Name of Sponsor: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

Alternate Contact: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

### PARK LOCATION REQUEST

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Aldie Mill      | <input type="checkbox"/> BR Shooting Center | <input type="checkbox"/> Occoquan         | <input type="checkbox"/> Temple Hall |
| <input type="checkbox"/> Algonkian       | <input type="checkbox"/> Cameron Run        | <input type="checkbox"/> Pohick Bay       | <input type="checkbox"/> Upton Hill  |
| <input type="checkbox"/> Ball's Bluff    | <input type="checkbox"/> Carlyle House      | <input type="checkbox"/> Pohick Bay GC    | <input type="checkbox"/> W & OD      |
| <input type="checkbox"/> Brambleton      | <input type="checkbox"/> Fountainhead       | <input type="checkbox"/> Potomac Overlook | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Bull Run        | <input type="checkbox"/> Gateway            | <input type="checkbox"/> Red Rock         | _____                                |
| <input type="checkbox"/> Bull Run Marina | <input type="checkbox"/> Meadowlark         | <input type="checkbox"/> Sandy Run        | _____                                |

Please contact the park you are interested in to assure your event / use fits with the facilities.

## EVENT / USE INFORMATION

**Type of Activity:** *Please mark all that apply* (proof of General Liability Insurance required).

- |                                      |   |                                     |   |
|--------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> Walk / Hike | <input type="checkbox"/> Tournament           | <input type="checkbox"/> Trail Ride | <input type="checkbox"/> Athletic Competition |
| <input type="checkbox"/> Swim        | <input type="checkbox"/> Show                 | <input type="checkbox"/> Trail Run  | Type: _____                                   |
| <input type="checkbox"/> Picnic      | <input type="checkbox"/> Craft Fair           | <input type="checkbox"/> Wedding    | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Festival    | <input type="checkbox"/> Historic Reenactment | <input type="checkbox"/> Filming    | _____   |

**Additional Information or Special Needs on the Type of Activity:** \_\_\_\_\_

Open to Public     Private/Invitation only

Free     Entry Fee \$ \_\_\_\_\_     Admission Fee(s) \$ \_\_\_\_\_

**Projected Number of Attendees:** # \_\_\_\_\_    **Projected Number of Vehicles:** \_\_\_\_\_

**Are you providing a shuttle service for off site parking.**     Yes     No

**Are you planning to have one or more of the following and would you like a list of NVRPA's preferred vendors:**

- Caterer     Amusements     Please send the list of preferred vendors

**Are one or more of the following going to be sold:** (Proof of Product Liability Insurance, Health Dept. permits required)

- Food     Beverage     Souvenir     Merchandise     Other \_\_\_\_\_

## EVENT MARKETING

**Event Web Site:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

### Advertising/Promotion

- |   |  |
|---|--|
| <input type="checkbox"/> Radio _____            | <input type="checkbox"/> Television _____    |
| <input type="checkbox"/> Newspaper _____        | <input type="checkbox"/> Poster/Flyer _____  |
| <input type="checkbox"/> Direct Marketing _____ | <input type="checkbox"/> Telemarketing _____ |
| <input type="checkbox"/> Billboard _____        | <input type="checkbox"/> Other _____         |

### Endorsements/Sponsorships (Promotions requesting to be displayed)

- |   |  |
|---|--|
| <input type="checkbox"/> Commercial _____ | <input type="checkbox"/> Charity _____ |
| <input type="checkbox"/> Non-Profit _____ | <input type="checkbox"/> Other _____   |

## APPLICANT

**I have contacted the manager at the park I'm interested in.**     Yes     No

Applicant Print Name \_\_\_\_\_

Applicant Signature: \_\_\_\_\_    Date: \_\_\_\_\_

Please return this application to the NVRPA Headquarters or to the park at which you want to hold your event. A permit or contract may be issued following review of the completed application.

### OFFICE USE ONLY:

Date received: \_\_\_\_\_    By: \_\_\_\_\_

APPROVED     DENIED    REASONS: \_\_\_\_\_

