

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: _____

