



# Special Event Application

Event \_\_\_\_\_

Event Location \_\_\_\_\_ Expected Number of Participants \_\_\_\_\_

Is this an annual event? Yes No If yes, how many previous years? \_\_\_\_\_

Responsible Party (Party responsible for payment) \_\_\_\_\_

Responsible Party Mailing Address \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Email Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Event Start: Day/Date \_\_\_\_\_ Time: \_\_\_\_\_

Event End: Day/Date \_\_\_\_\_ Time: \_\_\_\_\_

Setup: Day/Date \_\_\_\_\_ Start time: \_\_\_\_\_ End time \_\_\_\_\_

Teardown: Day/Date \_\_\_\_\_ Start time: \_\_\_\_\_ End time \_\_\_\_\_

### Event Includes:

- |                     |                                      |                     |
|---------------------|--------------------------------------|---------------------|
| ___ Pavilion rental | ___ Assembly Event (First Amendment) | ___ Tents           |
| ___ Alcohol sales   | ___ Requesting dumpster(s)           | ___ Stage           |
| ___ Food sales      | ___ Requesting trash cans            | ___ Amplified sound |
| ___ Street closure  | ___ Amusement rides/inflatables      | ___ Live Music      |

How many vendors will sell items at your event (retail, food, beverages, etc.)? \_\_\_\_\_

Number of tents \_\_\_\_\_ Size of tent(s) \_\_\_\_\_

Does Stage have overhead structure? \_\_\_\_\_ Size of Stage \_\_\_\_\_

Park Pavilion number(s) \_\_\_\_\_

Street Closure (if applicable) Start time: \_\_\_\_\_ End time: \_\_\_\_\_

### Primary Contact (during event):

Name \_\_\_\_\_  
 Mobile \_\_\_\_\_  
 Email \_\_\_\_\_

### Course Director (if applicable):

Name \_\_\_\_\_  
 Mobile \_\_\_\_\_  
 Email \_\_\_\_\_

Event description (Please be as detailed as possible)

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The information provided in this application and its attachments is complete and accurate to the best of my knowledge. I understand that I am under a continuing obligation to update any information supplied, and/or supply any new information as it becomes available.

I have read, understand and agree to adhere to the guidelines outlined in the Special Events Guide.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant

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**Return to:** Special Events Coordinator - 24 East First Street, Edmond, OK 73034  
**mailing address:** P.O. Box 2970, Edmond, OK 73083  
**email:** SpecialEvents@edmondok.com **office:** 405-359-4580 **fax:** 405-359-4758