

CITY OF EASTON – SPECIAL EVENT REQUEST FORM

Application instructions: Please print. Complete and return one form per event no later than ten (10) business days prior to the event to: City of Easton, Attn: Special Events, 1 South Third St., 6th floor, Easton, PA 18042. If you should have any questions please call 610-250-6612.

EVENT: _____

DATE(S): _____

RAINDATE (if none, please indicate): _____

SET UP START TIME: _____

EVENT START TIME: _____

EVENT END TIME: _____

CLEAN-UP END TIME: _____

LOCATION OF EVENT: _____

ORGANIZER INFORMATION:

SPONSOR OF EVENT: _____

MAILING ADDRESS: _____

ORGANIZER CHAIRPERSON: _____

PHONE: (DAY) _____ (EVENING) _____

EMAIL: _____ CELL: _____

FOOD VENDOR CHAIR: _____

PHONE: (DAY) _____ (EVENING) _____

EMAIL: _____ CELL: _____

EVENT INSURING AGENT: _____

INSURANCE POLICY #: _____ EXPIRATION DATE: _____

(OVER)

PROVIDE A BRIEF DESCRIPTION OF YOUR EVENT. IF THE EVENT INCLUDES A PARADE, WALK OR RUN ATTACH A DETAILED NARRATIVE AND A MAP OF THE ROUTE.

CHECKLIST OF REQUESTED CITY PROVISIONS:

Park of other Public Area as Site of Event:

- Centre Square
- Riverside Park and Amphitheatre
- Scott Park
- Other (specify below):

City Equipment Requested:

- Bandwagon
- Stage(s)
- Sound System (Amphitheatre Only)
- Other (specify below):

Vending as component of Event:

- Food Vending - If yes, approximate number of food vendors: _____
- Non-Food Vending