



Washoe County Community Services Department

Regional Parks and Open Space

Special Event Questionnaire

DATE:

NAME OF GROUP:

INDIVIDUAL IN CHARGE:

ADDRESS:

CONTACT PERSON:

PHONE:

EMAIL ADDRESS:

ALT. CONTACT PERSON:

PHONE:

EMAIL ADDRESS:

PARK REQUESTED:

TYPE OF EVENT:

AREA(S) WITHIN THE PARK REQUESTED:

NOTE: EVENTS SUCH AS RUNS, WALKS, RIDES ETC. MUST PROVIDE A COURSE MAP

HOURS OF REQUESTED EVENT: (PARKS OPEN AT 8:00 AM DAILY. EARLIER ENTRY REQUIRES PRIOR APPROVAL)

EVENT DATE(S):	EVENT HOURS: FROM:	To:
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EVENT SETUP DATE(S):	SETUP HOURS: FROM:	To:
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EVENT TAKEDOWN DATE(S):	TAKEDOWN HOURS: FROM:	To:
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EVENT/ACTIVITY NAME:

PRIMARY PURPOSE OF YOUR EVENT/ACTIVITY:

ACTIVITIES PLANNED DURING THE EVENT: MUST BE SPECIFIC AND INCLUDE ALL PLANNED ACTIVITIES DURING THE EVENT (ALL WATER ACTIVITIES ARE NOT PERMITTED). **ACTIVITIES NOT LISTED WILL NOT BE PERMITTED DURING THE EVENT:**

NUMBER AND TYPE OF PORTABLE STRUCTURES (BOUNCE HOUSE, ROCK CLIMBING WALL, ETC. NO STRUCTURES WITH WATER FEATURES ARE PERMITTED):

TOTAL ANTICIPATED PEOPLE AT EVENT EACH DAY. INCLUDE STAFF, VOLUNTEERS, PARTICIPANTS, SPECTATORS (ADULTS & CHILDREN), VENDORS, CATERERS:

TOTAL VEHICLES ANTICIPATED:

WILL ADMISSION FEES BE CHARGED FOR YOUR EVENT? Yes No AMOUNT \$



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WILL FOOD OR ALCOHOL BE SERVED OR PRESENT AT YOUR EVENT? YES NO

WILL FOOD BE? CATERED FOOD TRUCK OTHER

WILL ALCOHOL BE? CATERED FOOD TRUCK OTHER

WILL FOOD BE SERVED/SOLD TO THE PUBLIC? YES NO

****IF YES, CONTACT WASHOE COUNTY HEALTH DISTRICT, ENVIRONMENTAL HEALTH SERVICES AT (775) 328-2434 AND WASHOE COUNTY BUSINESS LICENSE AT (775) 328-3733 FOR NECESSARY PERMITS. COPIES OF PERMITS MUST BE PROVIDED TO PARKS RESERVATIONS PRIOR TO THE EVENT**

WILL VENDORS BE PRESENT DURING THE EVENT? YES NO

TYPE OF VENDORS: FOOD MERCHANDISE ALCOHOL OTHER:

****CONTACT WASHOE COUNTY BUSINESS LICENSE (775) 328-3733 FOR NECESSARY PERMITS. COPIES OF PERMITS MUST BE PROVIDED TO PARKS RESERVATIONS PRIOR TO THE EVENT. GROUP IS ALSO RESPONSIBLE TO ENSURE VENDORS HAVE THE PROPER LICENSES, CERTIFICATES, AND PERMITS TO OPERATE IN WASHOE COUNTY.**

WILL YOU BE HAVING ANY TENTS OVER 400 SQUARE FEET IN SIZE? YES NO

IF YES: NUMBER OF TENTS: SQUARE FEET OF TENT(S):

WILL AMPLIFIED SOUND EQUIPMENT BE USED? YES NO (PRIOR APPROVAL IS REQUIRED)

IF YES, WHAT TYPE: RADIO/BOOMBOX/PHONE MICROPHONE OTHER:

WILL YOUR EVENT BE ADVERTISED TO THE PUBLIC? YES NO

IF YES, BY WHAT MEANS?

SPECIAL REQUESTS NOT LISTED ON THIS QUESTIONNAIRE:

Additional Information/Requirements:

- Some events may require medical support or emergency response planning. For requirements contact Truckee Meadows Fire Protection District EMS Division at (775) 326-6000.
- A Certificate of Liability Insurance naming Washoe County as an additional insured in the amount of \$1,000,000 will be required and Due 30 Days Prior to the Event.
- Cleanup Crews, Parking Crews, Portable Restrooms, Handwash Stations, Dumpster, Additional Trash Receptacles and Liners May Be Required.
- If a reservable facility, other than requested, must be blocked from reservations to accommodate this event, the rental fee will be included in the amount due for your event.

I hereby submit my request to conduct the above Event/activity.

- I have read the Terms and Conditions and Cancellation Policy on the Washoe County Parks website. https://www.washoecounty.gov/parks/rentals_and_permits/index.php
- I understand that fees and deposits are due upon approval of this event.
- Submitting this form does not indicate approval. In most cases an in-person meeting with the appropriate staff member is required to review event details, logistics, scheduling and other needs.
- The event is confirmed only by the issuance of a Washoe County Parks Permit.
- To the best of my knowledge, the answers to the above questions are true and accurate. Any falsification of the above information is cause for cancellation of my request/reservation.
- Any change in the information provided must be reported to Washoe County Parks immediately. Failure to do so may result in cancellation of my request/reservation.

SIGNATURE (REQUIRED)

DATE