

St. Mary's Shoals Park

Special Event Application

Applicant Information

Applicant Name _____			
Address _____			
City _____	State _____	Zip _____	
Phone Number _____	Email _____		

Event Information

Requested Date of Event _____	Expected Attendance _____
How many people will you have working this event? _____	
Affiliated Organization _____	Non-Profit? <input type="checkbox"/> YES <input type="checkbox"/> NO
Tell us in your own words about your event _____	

Official Use Only

Approved Date _____	Denied Date _____
Approved By _____	Reason for Denial _____
Signature _____	Date _____