

# CASTROVILLE REGIONAL PARK SPECIAL EVENTS REQUEST FORM

This form is to be used for any event that will impact, limit or effect the general public's use of the park, pool, RV Park, and/or Hiking Trails (i.e. closing of roads or trails, no matter how temporarily), and/or for any event at which attendance is expected to exceed 200 people, and/or for any fundraising event.

**Special Events will not be allowed in the Regional Park from May 1 to September 30<sup>th</sup>, or during the 3-day Easter Holiday.**

If the event is to involve a party "inflatable", special permission must be obtained. Ask Reservation Clerk for details.

Date of Request: \_\_\_\_\_

Event Coordinator/Contact Person: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Organization: (if applicable): \_\_\_\_\_ Is this a Non-Profit (501©(3))? \_\_\_\_\_

Type of Event: \_\_\_\_\_

Day and Date(s) of Event: \_\_\_\_\_ Time Event Begins: \_\_\_\_\_ Time Event Ends: \_\_\_\_\_

Approximate # of participants: \_\_\_\_\_ Will they be charged a fee? If so, how much? \_\_\_\_\_  
Approximate # of spectators: \_\_\_\_\_ Will they be charged a fee? If so, how much? \_\_\_\_\_  
Will there be vendors? \_\_\_\_\_ If so, provide a list of items & prices Will electricity be needed? \_\_\_\_\_  
Do you have Event Insurance? \_\_\_\_\_ Attach verification.

If swimming pool is to be involved, contact Pool Manager before submitting this form.

**Check Picnic Area(s) and/or Pavilions To Be Used:**

Area # 1: (4 tables) \_\_\_\_\_ Area # 2: (6 tables) \_\_\_\_\_ Area # 3: (8 tables) \_\_\_\_\_  
Area # 4: (4 tables) \_\_\_\_\_ Area # 5: (4 tables) \_\_\_\_\_ Area # 6: (3 tables) PENDING  
(#1) Large Pavilion: (4 tables) \_\_\_\_\_ (#2) Smaller Pavilion: (2 tables) \_\_\_\_\_  
Are Hiking Trails To Be Used? \_\_\_\_\_ If so, which ones. \_\_\_\_\_  
Are Park "Green Spaces" To Be Used? \_\_\_\_\_ Describe: \_\_\_\_\_

**Other Areas and/or Locations In the Park To Be Used: (describe)**

**Note:** Use separate sheet to describe in detail all activities planned and equipment to be used. **Attach map and schedule.**

**USE FEES FOR BOTH PROFIT AND NON-PROFIT EVENTS: (Exception: FCRP)**

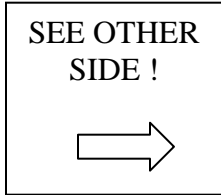
Whole Day Special Event (7:00 am – Park Closing Time) \$400.00 plus \$200.00 deposit  
Half Day Special Event (7:00 am to Noon) \$200.00 plus \$200.00 deposit  
Utilities, if needed \$25.00  
Dumpster Fee (dependent on size of event)  
Security Fee (dependent on size of event)

If approved, all fees must be paid within 10 business days of requested date..  
The deposit fee is for clean-up only, and will be refunded within 30 days after the event, if park is left in as good or better condition than it was prior to the event.

My signature below verifies that I have been provided with and I have read the Special Event Guidelines of the City of Castroville, as well as a copy of the Rules & Regulations of the Castroville Regional Park, and that I agree to abide by them as well as by all other existing local, state, and/or federal laws and/or ordinances. **I understand that I will be invited to a meeting of city and park personnel at which time my request will be considered for approval. If I am unable to attend this meeting, and unable to send a representative, I understand that I will have to submit a new request form, by which time the park areas I requested may no longer be available.**

\_\_\_\_\_  
**APPLICANT**

*This form can be hand-delivered or mailed to: City of Castroville, 1209 Fiorella,, Castroville, TX. 78009.  
Call 830 931 4070 for more information.*



**THIS PAGE IS FOR OFFICE USE ONLY:**

Event Name: \_\_\_\_\_  
Event Coordinator: \_\_\_\_\_  
Event Date: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE CLEAR ON REGIONAL PARK CALENDAR: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_

**SPECIAL EVENTS COMMITTEE MEETING SCHEDULED:** DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

APPLICANT NOTIFIED: DATE: \_\_\_\_\_ BY: \_\_\_\_\_

**Copies of this request form, together with attachments as appropriate, will be made available to the following in advance of the meeting. Each of those listed below must acknowledge, by their signature, or that of their designee, that the applicant has satisfied all the requirements of their respective positions.**

	Comments	Signatures
City Administrator		
Public Works Director		
Code Compliance Officer		
Chief of Police		
EMS		
Park Board Chairperson		
Park Maintenance Contractor		
Park Ranger		
Pool Manager		
RV Park Host		
Council Liaison		
Others, as deemed appropriate		

Does this application require an exception to any ordinance? \_\_\_\_\_ If yes, list here: \_\_\_\_\_

Request Approved : \_\_\_\_\_ Request Denied : \_\_\_\_\_

\_\_\_\_\_  
City Administrator / Designee

City Council Action, if necessary: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled for more info: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Official Use Only:</b>			
Fee Paid:	Date: _____	\$ _____	Check # _____ Cash: \$ _____
Refund amount, if any:	\$ _____	Date issued: _____	
Reason for Refund:	Approved by: _____		