

CASTROVILLE REGIONAL PARK SPECIAL EVENTS REQUEST FORM

This form is to be used for any event that will impact, limit or affect 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.

BEFORE ATTEMPTING TO COMPLETE THIS FORM, PLEASE READ THE SPECIAL EVENTS GUIDELINES FOR THE CASTROVILLE REGIONAL PARK FOR AN EXPLANATION OF THE PROCESS AND A LIST OF THE FEES.

Today's Date: _____ **PLEASE PRINT ALL INFORMATION**

Event Sponsor/ Organizer/Contact Person: _____ Daytime Phone #: _____

Other Phone #: _____

Mailing Address: _____

Email: _____

City: _____ State/Zip: _____

Organization: (if applicable): _____ Is this a Non-Profit (501)(C)(3)? _____ ID#: _____

Describe Type of Event (i.e. Fund-raiser, Concert, Company Picnic, 5 or 10 K Run, Bike Race, etc.)

If a benefit, indicate for whom or for what: _____

Will this event be open to the general public? _____ If so, will a fee be charged? _____ If yes, how much? _____

Estimated Number of Participants: _____ Estimated Total Attendance: _____

Day and Date(s) of Event: _____

Set up Time: _____ Time Event Begins: _____ Time Event Ends: _____ Time Everyone Gone: _____

Will there be vendors? _____ If so, how many? _____ (Note: see Rule # 18, 19, 20, 21 in Guidelines and attach appropriate data)

Will any utilities be needed? _____ Explain _____

Do you have Event Liability Insurance? _____ Attach verification.

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) _____

(#1) Large Pavilion: (4 tables) _____ (#2) Smaller Pavilion: (2 tables) _____

Are Hiking Trails To Be Used? _____ If yes, an attachment is required (see page #4 of Guidelines)

Are Park "Green Spaces" To Be Used? _____ If yes, describe: _____

SEE PAGE # 4 & 5 OF THE GUIDELINES AND ATTACH APPLICABLE DATA!

My signature below verifies that I have been provided with a copy of the Special Event Guidelines of the Castroville Regional Park, and that I agree to abide by them .

APPLICANT

*Submit this form & attachments to Reservation Clerk at City Hall at 1209 Fiorella, Castroville, TX. 78009.
Call 830 931 4070 for more information.*



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

THIS PAGE IS FOR OFFICE USE ONLY:

Event Name: _____ Event Date: _____

Event Sponsor: _____ Contact Number: _____

DATE RECEIVED BY RESERVATION CLERK: _____

EVENT DATE CLEAR ON REGIONAL PARK CALENDAR: _____ VERIFIED BY: _____

DATE RECEIVED BY CITY SECRETARY: _____ VERIFIED BY: _____

DATE RECEIVED BY PUBLIC WORKS DIRECTOR: _____ VERIFIED BY: _____

RECOMMENDATION: APPROVE AS SUBMITTED APPROVE AS AMENDED ON: _____ DENY

IF DENIED, REASON: _____

SIGNATURE OF PUBLIC WORKS DIRECTOR: _____ DATE: _____

DATE RECEIVED BY CHIEF OF POLICE: _____ VERIFIED BY: _____

RECOMMENDATION: APPROVE AS SUBMITTED APPROVE AS AMENDED ON: _____ DENY

IF DENIED, REASON: _____

SIGNATURE OF CHIEF OF POLICE: _____ DATE: _____

DATE RECEIVED BY CITY ADMINISTRATOR: _____ VERIFIED BY: _____

DECISION OF CITY ADMINISTRATOR: **APPROVE** **DENY** **OTHER:** _____

SIGNATURE OF CITY ADMINISTRATOR: _____ DATE: _____ FEE : \$ _____

DATE COPIES SENT TO THESE : _____ **INITIALS:** _____

- RESERVATION CLERK
- PUBLIC WORKS DIRECTOR
- POLICE CHIEF
- APPLICANT
- PARK MAINTENANCE CONTRACTOR
- POOL MANAGER
- RV PARK HOST
- PARK RANGER
- TRAIL TEAM LEADER
- PARK BOARD CHAIR

For Official Use Only:

Fee Paid: _____ Date: _____ \$ _____ Check # _____ Cash: \$ _____

Refund amount, if any: \$ _____ Date issued: _____

Reason for Refund: _____ Approved by: _____