

EVENT SUMMARY – REGISTRATION FORM

Fill-in, print and submit this page only along with a deposit of \$50 to reserve a City of Ocala Public Event Venue. Submit to Ocala Recreation and Parks 828 NE 8 Ave, Ocala FL 34470. All other pages of the event application can be submitted at a later date in compliance with the planning timelines provided in the application packet.

DESCRIPTION

Event Title _____

Description _____

Event	<input type="checkbox"/> Observance/Awareness	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Recognition
Primary	<input type="checkbox"/> Festival	<input type="checkbox"/> Farmer/Outdoor Market	<input type="checkbox"/> Fundraiser
Purpose	<input type="checkbox"/> Parade/Procession/March	<input type="checkbox"/> Walk/Run	<input type="checkbox"/> Athletic

Estimated Attendance Peak _____ Average Per Day _____ Total _____

DATE/TIME

	Day	Date	Start Time	End Time
Day 1	_____	_____	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Day 2	_____	_____	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Day 3	_____	_____	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM

	Date	Time	
Set Up	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Breakdown	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM

LOCATION General description of venue and space to be utilized.

HOST/COORDINATOR

Host Organization _____

Event Public Contact Person Name: _____

Telephone: _____

Event Web Site _____

Provide the following information for the person you want the City to coordinate with when working on the details of this permit.

Name: _____

Telephone: _____

Email Address: _____