St. Charles Parks and Recreation Department
Preliminary Special Event Application

1900 W Randolph
Saint Charles, MO 63301
636-949-3372

Organization Name_____

Event Chairman Name_____

Telephone Number_____

Organization Address as listed on State of Missouri Incorporation Document_____

_____

City, State, Zip Code_____

Event Chairman E-mail_____

Event Information

Event Name & Type_____

Requested Event Dates & Times_____

Requested Event Setup Dates & Times _____

Requested Event Clean Up Dates & Times_____

Park Requested_____

Park Facilities Requested_____

Will you have inflatable's/amusement rides?_____How many?_____

Will you need electricity?_____

Anticipated Attendance_____

Will Alcoholic beverages be served?_____

One Time or Annual Event?_____

Signature_____Date Submitted_____