

## **EVENT PROPOSAL**

Name of Event:							
Location of Event:	Tentati	ve Da	e Date(s) of Event:				
How many days will this event take place (circle	one): 1	2	3	4	5	6	more
Are you a member of our organization (if applica	ble):		_				
Benefit(s) of Event (business, arts, charity, school	ols, etc.):						
Description of Event (Activities):							_
List of Event Sponsors/Partners:							
Is this to benefit a not-for-profit or a for-profit:							
If not-for-profit, which one:							
Who is your contact at the NFP:							
Have you hosted large events previously, if yes,	which one	(s):					
Will it be on public or private property:							
Will there be alcohol served: Who is	the provid	er if s	o:				
Have you contacted the Department of Liquor Co							
Would you like an ID Scanner for your event free Community Transformation organization). Pleas	e of charge se also che	: ck wit	h then	( n on pro	provide per per	d by the mitting.	Alliance for
Will there be food served: Who is th	e provider	if so: _					
Will police be necessary to close roads:							

Will you be requesting Town gove	ernment approval, if n	eeded:							
Have you received approval from	the Town/Town Man	ager (if applicable):							
Who will be insuring event/name	of insurance agency:								
Where and how will people park:		Do you have parl	king staff:						
Do you have your own volunteer-	base:								
Where are you soliciting voluntee	rs from:								
How many volunteers will	be needed otherwise	? (circle one): 0 1-5	5 6-15 16-30 30+						
Total Cost of the Event: Amount of Funds provided by Organizer:									
Are you requesting funds: Yes I	No Do you ha	ave money for upfront	expenses:						
Are there other roles you would li									
(Must		eers and a proposed b							
Print Name	 Date	Phone	 E-mail						