

# Special Event Request Form

Tournaments, camps, and other special events

## Contact Information

Name of Organization: \_\_\_\_\_ Date of request: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Event Details

Name of tournament, camp or special event: \_\_\_\_\_

Requested Date(s) of use: \_\_\_\_\_

Alternate Date(s) of use: \_\_\_\_\_

Requested Park(s) Location(s): \_\_\_\_\_

Alternate Park(s) Location(s): \_\_\_\_\_

Brief Description of the Event (including any additional needs): \_\_\_\_\_

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Facilities Requested (check all that apply):

- |                                      |   |   |   |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Shelter     | <input type="checkbox"/> Baseball Diamond       | <input type="checkbox"/> Football Field | <input type="checkbox"/> Tennis Courts    |
| <input type="checkbox"/> Fire Circle | <input type="checkbox"/> Basketball Court       | <input type="checkbox"/> Soccer Field   | <input type="checkbox"/> Lacrosse Field   |
| <input type="checkbox"/> Trails      | <input type="checkbox"/> Dog Park               | <input type="checkbox"/> Open Areas     | <input type="checkbox"/> Volleyball Court |
| <input type="checkbox"/> Skate Park  | <input type="checkbox"/> Other (specify): _____ |   |   |

# Logistics and Attendance Estimates

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Set-up Time: \_\_\_\_\_ Tear Down Time: \_\_\_\_\_

Anticipated Number of Participants/Players: \_\_\_\_\_ Number of Teams: \_\_\_\_\_

Anticipated Number of Staff/Volunteers: \_\_\_\_\_ Number of Vehicles On-site: \_\_\_\_\_

Anticipated Number of Spectators: \_\_\_\_\_ Age Range of Participants: \_\_\_\_\_

Anticipated Number of Residents: \_\_\_\_\_ Anticipated Number of Non-residents: \_\_\_\_\_

Commerical Sponsor(s): \_\_\_\_\_

Will sponsor's name be used in the tournament publicity?  Yes  No

## Financial Information

Estimated Gross Income: \$ \_\_\_\_\_

*Mail completed form to Centerville-Washington Park District, 221 N. Main Street, Centerville, Ohio 45459 or fax to 937-433-6564. You will be contacted within 7-10 business days regarding your request.*

*Centerville-Washington Park District reserves the right to deny any request in the interest of safety of all park visitors.*



*Provide quality parks, outdoor education, and recreation while preserving open space.*