MEMORIAL PARK TRUSTEES TOWN OF NEEDHAM, MASSACHUSETTS

SPECIAL EVENT REQUEST

Name of Organization: Date		Date Submitted:	
Check	the appropriate box(es) and provide a description		
	Tournament:		
	Special Event:		
	School Function:		
	Current Certificate of Insurance on file with Park and	d Recreation:	
Reque	ested Locations, Date(s) and Time(s)		
•	List All Requested Locations at Park:		
•	Date(s), raindate(s):		
•	Set-up Time:		
•	Actual Event Time:		
•	Clean-up Time:		
Request includes asking for approval of: check all that apply		Trustee Decision For Department Use, only	
	Parking plan		
	Trash removal plan		
	Inclement weather plan		
	Signage plan		
	Electrical needs plan		
	Sound amplification and sound mitigation plan		
	Bathroom facilities/portable toilets		
	Food plan		
	Additional items		
	Exclusive use		
	Communication needs		
	For-Profit assistance		
	Other		
	Date of Decision	on:	

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Participants

- How many people are expected to attend?
- Estimated number of people at peak time:
- Estimated number of vehicles:
- Describe parking plan, and methods to avoid illegal or unsafe parking:
- Is there a fee charged for participation? Describe:

Use of Facilities

 Describe plan for keeping park(s) clear of litter from event, and describe requested plan for handling accumulated trash:

- Describe plan for use and care of athletic fields, including inclement weather plan:
- If signs are requested, please provide a complete description of each requested sign, including but not limited to, size, method for posting, time frame for posting, advertisement, sponsorship:

Note: The two Event Sign Board(s) must be requested through the Memorial Park Trustees. The schedule is very tight each year.

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•	Describe electrical needs for event, and list specific requests: (Requests to use athletic field lights must be submitted on a different form.)	
•	If <u>sound amplification</u> is requested, describe how it will be used, and the plan that describes consideration of park neighbors:	
-	If use of <i>on-site</i> bathroom facilities are requested, please note that they must be left in clean condition for next user(s); if <i>portable</i> bathroom facilities are requested, describe plan for delivery/pick-up, and area cleanliness:	
•	If request includes food services, whether providing at no cost or at a fee, describe actual plan: <u>Note:</u> Concession Room use requires special permission from the Memorial Park Trustees	
•	If additional items are requested to be brought onto site for the event, describe each item and the plan for protecting the safety of participants and athletic fields: <i>Examples include but not limited to: tent, machine, grills, inflatable event, animals, portable lights</i>	
This type of request will likely require the organization representatives attending a meeting of the Trustees of Memorial Park		

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•	If request includes exclusive use of the park, describe reason for that need, and accommodations that might be provided to organization that normally uses the park at that time:			
	Describe communication needs at park:			
	• If a "for-profit" individual or organization will be included in the event, describe the work that will be done:			
	 List additional information related to the success of your event: 			
Contac	ct Information			
Primary Contact Name:		E-Mail Address:		
Address:		Day Phone:		
Secondary Contact Name:		E-Mail Address:		
Address:		Day Phone:		
Required Signatures				
Primary Contact		Position		
School Principal/President of Organization				