



PointPleasant

P A R K

Event Application Form

Fax completed form to: (902) 490-4706

Name of Organization: _____

Name of Event: _____

Type of Event: _____

Contact Name: _____

Address: _____

City: _____

Postal Code: _____

Phone (business hours): _____

Phone (alternate): _____

Fax: _____

E-mail: _____

Alternate Contact Name: _____

Address: _____

City: _____

Postal Code: _____

Phone (business hours): _____

Phone (alternate): _____

Fax: _____

E-mail: _____



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Have you booked HRM facilities for this event before? Yes No (circle one)

Preferred Location:

Alternate Location:

Number of Participants:

Start Date:

Start Time:

How long will the event last?

Do you require HRM Park Operations services before or during your event? Yes No (circle one)

If Yes, please list services required:

Please note: there may be additional costs charged to the user for services provided by HRM Staff.

Will the use of a vehicle be required? Yes No (circle one)

Please note: a vehicle pass is required and must be displayed at all times; vehicles are only permitted on site for the unloading and loading of equipment; vehicle parking is not allowed at the site.

I ACKNOWLEDGE THAT THIS IS ONLY AN EVENT APPLICATION THAT IS SUBJECT TO APPROVAL BY THE SUPERVISOR, MAJOR PARKS (OR DESIGNATE). EVENT BOOKING WILL BE CONFIRMED UPON APPROVAL AND ONLY WHEN APPLICABLE FEES ARE PAID IN ADVANCE AND CONTRACT IS SIGNED.

Signature: _____

Date: _____

Office Use Only

Received by:

Date: