



Detroit Recreation Department

Special Events Application

Please complete application and mail or fax to the following:

**Detroit Recreation Department
Northwest Activities Center
18100 Meyers Rd
Detroit, Michigan 48235
(313) 224-1860 - fax**

All applications must be submitted at least sixty (60) days in advance and/or no earlier than one (1) year of the proposed event date. Upon receipt, the special events request will be reviewed to assure that the event is in compliance with city codes/ordinances. If denied, a letter will be mailed and/or faxed within fourteen (14) business days of receipt of request.

There may be a minimum event fee assessed for all approved special events based on the type of event and/or specific permits. Limited Liability Insurance may be required.

Special Events criteria: 25+ participants

Event Date: _____ Type/Event: _____

Alternate Date: _____ Time/Event: _____

Location: ☐ Park _____ ☐ Recreation Center: _____
☐ Other, please explain: _____

Please check type of event. List activity

- | | | | | |
|--|---|----------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Skate | <input type="checkbox"/> Walk | <input type="checkbox"/> Run | <input type="checkbox"/> Race | <input type="checkbox"/> Rally |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Musical/Concert | <input type="checkbox"/> Reunion | <input type="checkbox"/> Picnic | <input type="checkbox"/> Exhibition |
| <input type="checkbox"/> Sport Competition | <input type="checkbox"/> Other, please explain: _____ | | | |

1. **Name of Organization/Corporation/Company:**

Representative/Organization Name:

Address

City/State/Zip

Business Telephone

Fax #

Alternate Telephone

Email Address

2. **Additional Contact Information:**

Name

Title

Address

E-mail Address

Telephone

Fax #

3. **Event Information:**

Please describe your event in detail: (attach additional sheet if necessary)

(A representative for your event must be present at least 2 hours prior to event for set-up)

Does this event require a route to be mapped out? _____ If yes, will you provide a layout of suggested route? _____.

Will your event require canopy set-up? _____ If yes how many? _____

What company will supply canopy? _____

Will you supply set-up of event (i.e. canopies, bleachers, etc.)? _____ If yes, please submit at least 60 days prior to event.

Will your event require port-a-john rental? _____ If yes, how many? _____

Company Name: _____

Contact Person: _____ Telephone # _____

What is the Event's Security Plan?

_____	_____
Security Company Name	Contact Person
_____	_____
Address	Contact Number

What is the Event's Clean Up Plan?

Will your event require inflatables? _____ If yes, how many? _____

Company Name: _____

Contact Person: _____ Telephone # _____

Is this your first year for this event? _____. If no, when and where was the event held last?

How many years has your organization coordinated/sponsored this event? _____

Will tickets be sold? _____ If yes, how much? _____ Is this a fundraiser? _____

If yes, will there be a registration or entry fee? _____ If yes, how much? _____

Is this event open to the public? _____

Is this event free to the public? _____

Ages of Participants _____

Expected Attendance _____

Will food or beverage be provided? _____,

If yes, are the food and/or beverages free? _____

If no, please list food and/or beverage with prices. (May require Council approval)
(Please attach additional sheets, if necessary).

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Will there be souvenirs, trophies and/or gifts associated with this event? _____.
If yes, will they be sold? _____. If yes, how much? _____.

Please list items and prices:

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4. **Sponsorship/Donations**

Please list any sponsors/donors for this event: (Please include names, addresses, telephone numbers).

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Please explain all sponsorship and donations that are a part of this event
Does the sponsorship include cash? _____ if so, how much? _____

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Will this event be broadcasted on television and/or radio? _____. If yes, please explain (include station and contact information).

Please note, that broadcasting messages must be approved by the Director – Detroit Recreation Department

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Additional Information:

By submitting this request I/We/Our Organization hereby agree(s) to abide by all rules and policies of the City of Detroit and the Detroit Recreation Department. I/We also agree that all information submitted in this Special Event Application is true and accurate to the best of my/our knowledge and I/We hereby request that the Detroit Recreation Department consider my/our application for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us by reason of or resulting from my/our use of Recreation Property as described herein.

Representative Signature

Date

FOR OFFICE USE ONLY

Recommendations:

Inflatable Permit Required ☐ Inflatable Permit Fee _____

Shelter/Gazabo Fee Required ☐ Shelter/Gazabo Fee Amount _____

Insurance Required ☐ Amt. Insurance Required _____

Check / MO #		Receipt #		Deposit Amount		Deposit Date		Remarks

Signature

Date

Department Head Approval:

Date:

Total Fee(s) Amount:

Approved ☐ Denied ☐ If Denied Reason _____