



SPECIAL PARK EVENT APPLICATION

PO Box 458 * Veneta, OR 97487 * 541-935-2191 * Fax 541-935-1838 * www.venetaoregon.gov

Name of Organization/Applicant: _____

Mailing Address: _____ City/Zip: _____

Phone (s): _____ Email: _____

Estimated attendance: _____

Type of Event _____

Purpose for which facility is to be used _____

Park Requested _____

Other Equipment Requested _____

Specify Dates

Starts _____ to _____ am/pm to _____ am/pm

Specify Weekly, monthly, et. _____

Supervisor in charge of activity _____
(name and contact information)

I certify that I am the authorized representative of the above group(s), and that the above statements are true to the best of my knowledge.

A Certificate of Liability Insurance must be provided prior to the use of the facility naming the City of Veneta as an additional insured.

Signature of Applicant

Date

City Administrator or Designee Approval

Date

For Official Use Only

Proof of Insurance Provided	YES NO	Room Arrangement Discussed	YES NO
Date is Available	YES NO	Building Staff Assigned	YES NO
Equipment Available	YES NO		