

# Town of St. John Parks and Recreation Special Event Application

*\* To be filled out by applicant when estimating attendance at 100 or over. Attach Park Pavilion Facility Permit Application Form with this form \**

Applicant Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Private or Business Event: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Where will this event take place? Please list all areas of town that will be utilized:

Are you requesting assistance from the Town of St. John employees? Please list all:

Will you be contracting the services of any vendor in conjunction with this event? Yes \_\_\_ No \_\_\_

List All Vendors Participating:

Amplified Sound/Music: Yes \_\_\_ No \_\_\_

Additional Comments/ Requests:

Requested Dates	Times
1. _____	_____
2. _____	_____
3. _____	_____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

RETURN TO: Town of St. John Parks and Recreation Department, 10955 W 93<sup>rd</sup> Ave St. John, IN 46373 or email to [parks@stjohnin.com](mailto:parks@stjohnin.com). Additionally, please attach the [Park Pavilion Facility Permit Application Form](#) to this application. If you have any questions please call (219) 365-6236.