

APPLICATION FOR SPECIAL USE / EVENT FORM



Oak Grove Parks & Recreation

1300 SE 30th Street • Oak Grove, MO 64075 • (816) 690-4003 • Fax (816) 625-1537

Please Print		Date of Application:	
Event Information:			
Event Name:			
Requested Date(s)	Set up Time:	Event Time:	Tear Down Time:
Name/Location of Facility Being Requested:			
Webb Park	Frick Park	Fieldhouse/Davis	Bent Oak Park
<input type="checkbox"/> Field #	<input type="checkbox"/> Athletic Field #	<input type="checkbox"/> Fieldhouse main room	<input type="checkbox"/> Aquatic Center
<input type="checkbox"/> Shelter #	<input type="checkbox"/> Shelter	<input type="checkbox"/> Fieldhouse Party Room	<input type="checkbox"/> Allowable open space
<input type="checkbox"/> BB Court	<input type="checkbox"/> Arena	<input type="checkbox"/> Davis upstairs	Other
<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Hillside	Caraway Lake	<input type="checkbox"/> Skatepark
<input type="checkbox"/> Entire park	<input type="checkbox"/> Entire park	<input type="checkbox"/> Allowable open space	<input type="checkbox"/> Walk Trail/Open Area
Number of Participants Anticipated to Attend:			
<input type="checkbox"/> < 50	<input type="checkbox"/> 50 - 100	<input type="checkbox"/> 101 - 250	<input type="checkbox"/> 251 - 500
<input type="checkbox"/> > 501			
Number of Spectators Anticipated to Attend:			
<input type="checkbox"/> < 50	<input type="checkbox"/> 50 - 100	<input type="checkbox"/> 101 - 250	<input type="checkbox"/> 251 - 500
<input type="checkbox"/> > 501			
Description of requested event (may attach typed sheet if necessary in accordance with section 235.230.B of municipal code):			
Have you held similar events with OGP&R?		Name of Event:	
<input type="checkbox"/> NO <input type="checkbox"/> YES (provide information)→			
Contact Information:			
Name of Organization Sponsoring Event:			
Name of Contact Person Prior to Event:		E-Mail Address:	
Address:		City:	State:
Zip:			
Primary Phone #:		Secondary Phone #:	Day of Event Contact Phone #:
Name of Contact Person Day of Event:		E-Mail Address:	

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Event Needs:

Will your event require the service of outside vendors, businesses, or organizations?

NO YES If yes, please select from services below:

Concessions/Catering/Vending/Food Trucks Amplified Sounds (including DJ, microphone, speakers, etc.)
 Dunk Tank Pony Rides Inflatables Petting Zoo Other (please explain below)

Will your event require any type of special equipment/apparatus to be brought into the park(s)?

NO YES If yes, please list:

Will your event require off road and/or field parking?

NO YES If yes, anticipated number of vehicles:

Explain: _____

Do you currently have liability insurance that would cover this event? *Your group will be held liable for damage(s) during your event.*

NO YES

NOTE: Liability Insurance indemnifying Oak Grove Parks & Recreation will be required for all special use permits.

Policy must be provided one month prior to event

Please check any of the services your event will require:

<input type="checkbox"/> Gate/Admission Fees	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> First Aid Station
<input type="checkbox"/> Advertising - Type	<input type="checkbox"/> Emergency Vehicles	<input type="checkbox"/> Volunteers
	<input type="checkbox"/> Concession Sales	<input type="checkbox"/> Other

Please list any additional requests you may have regarding your event. Please include details and use additional pages if needed.

Please do not print any literature publicizing this event unless you have received an approved copy of your Special Use Permit signed and dated by a representative of the Parks and Recreation Department.

Oak Grove Parks & Recreation Use Only:

Date Received:

<input type="checkbox"/> Special Event	<input type="checkbox"/> Special Use	<input type="checkbox"/> Fees Required	<input type="checkbox"/> Fees Waived
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Yes	
<input type="checkbox"/> Denied	<input type="checkbox"/> Denied	<input type="checkbox"/> No	

Reason for Denial: _____

Fee Amounts:	Special Event Reservation	\$ _____
	Park Employee Point of Contact	\$ _____
	Law Enforcement	\$ _____
	Other:	\$ _____
	Total Estimated Cost:	\$ _____

Name:

Title:

Date: