

EVENT APPLICATION FORM

Name of Event Organiser:		Organisation:	
Address:			
	Postcode:		
Event Name:			
Email Address:		Telephone Number(s):	
Is this the first time you have submitted an application for an event in Solihull?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

Name of Park you require and location:					
Date of Event:		Event times:			
Date of set up:		Date of exit:			
Type of Event: (attach info where necessary)					
Category of event:					
Walk/fun run		Commercial event	Other:		
Concert		Fun fair/circus			
Family fun day / fete		Charity Event/ charity registration no.			
Anticipated attendance:					
Up to 50	50- 150	151-300	301- 450	450+	Other:
Entrance fees:	Adult		Child		Other
Do you have first aid provision?		Yes		No	
No. of Stewards:		Communications:			
Public liability Insurance of £5million+ required (please attach):					
Will you be selling anything?	No		Yes	Please state:	

Signed:

Name in Bold:

Date:

Please return to: SMBC, Council House, PO Box 19, Solihull, B91 9QT