



RECREATION & CULTURE
Town of Newmarket www.newmarket.ca
 395 Mulock Drive recreation@newmarket.ca
 P.O. Box 328, STN Main T: 905 895.5193
 Newmarket, ON L3Y 4X7 F: 905 953 5113

Work Order # _____

Recreation Staff

INDOOR FACILITIES SPECIAL EVENT REQUEST FORM

Please be advised that whenever possible Special Event Requests be submitted 3 months prior to your event.

Your request cannot be processed unless all pages of this form are completed in full. All requests are subject to availability. Please do not assume that your request has been granted until you have received CONFIRMATION from the Newmarket Recreation and Culture Department in the form of a contract.

A. Event/ Function Information

Event/Function Name _____

Event Date(s): _____ Alternate Date: _____

Event Location(s): _____

Expected Attendance: _____

Event/Function Category: Youth Adult Senior Family All

Name of Contact (must be 18 years): _____

Name of Organization (if applicable): _____

Mailing Address: _____

No. Street Name Suite No.

City Province Postal Code

Contact Numbers: Bus: _____ Ext. _____

Cell: _____

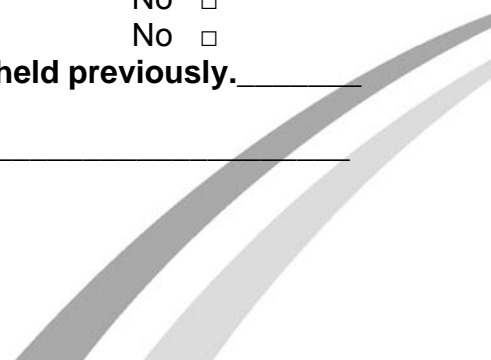
Res: _____ Fax: _____

Email: _____

Have you offered this event/function before? Yes No

Is this a returning event to a TON facility? Yes No

If yes, please indicate the name of the facility where the event was held previously. _____



B. Applicant Information

Organizations please answer the following:

1. Is your group a Charitable Organization? Yes No
 If yes, does it have a Charitable Donation Number? Yes # _____
2. Is your group a Non-Profit Organization? Yes No
 If yes, please provide proof. _____

C. Event/Function Overview

Please provide an outline of the activity you plan to present (include agendas and/or flyers that may be in place for your event)

D. Event/Function Location & Dates

Event/Function Dates		Time(s) Required			
Event/Function set-up to begin:		Date: (mm/dd/yy)		at	Am Pm
Date	Event Hours	Facility Required From:		Facility Required To:	
1.		Am	Pm	Am	Pm
2.		Am	Pm	Am	Pm
3.		Am	Pm	Am	Pm
Event/Function clean-up to be completed by:		Date: (mm/dd/yy)		at	Am Pm

E. Food, Alcohol and Goods/Merchandise

1. Will Goods and/or Merchandise be sold? Yes No
2. Will Goods and/or Merchandise be given away? Yes No
3. Food and/or Non-Alcoholic Beverages
- a) Will there be food and/or non-alcoholic beverages at your event/function? Yes No
- b) If yes, will they be sold or served? Sold Served
4. Food and Alcoholic Beverages
- a) Will there be food and alcoholic beverages at your event/function? Yes No
- b) If yes, will they be sold or served? Sold Served

Please be advised that you are required to follow the Public Health Guidelines, Municipal Alcohol Policy and Special Occasion Permit if your event/function is serving/selling alcohol, food and/or non-alcoholic beverages.

G. Animals

- | | | |
|---------------------------------------------|-----|----|
| 1. Will your event include animals? | Yes | No |
| 2. Will your event have a petting zoo? | Yes | No |
| 3. Will your event have performing animals? | Yes | No |

Please be advised that you are required to fill out the Animal Exemption Form and once approved, fill out the Animals in Facilities Checklist for approval.

H. Site Plan/ Floor Plan

Please provide a detailed site plan of your event/function

I. Additional Equipment/Services Required

****Please Note: Charges may apply for extra services/equipment requested. Additional equipment is subject to first come, first serve basis and may not be available for your event. Also, please note that all facilities are smoke free.**

General

- | | | | |
|-----------------------------------------------------------------------------|-----|----|-----------------|
| 1. Do you require round tables?
(CC, OTH and Seniors Meeting Place only) | Yes | No | How many? _____ |
| 2. Do you require rectangular tables? | Yes | No | How many? _____ |
| 3. Do you require chairs? | Yes | No | How many? _____ |
| 4. Do you require staging? | Yes | No | |
| 5. Do you require a Microphone? | Yes | No | How many? _____ |
| 6. Do you require a podium? | Yes | No | |
| 7. Do you require use of the Town's
sound system? | Yes | No | |
| 8. Do you require kitchen facilities? | Yes | No | |
| 9. Do you require extra garbage cans? | Yes | No | How many? _____ |
| 10. Do you require extra green bins? | Yes | No | How many? _____ |
| 11. Do you require extra blue bins? | Yes | No | How many? _____ |
| 12. Do you require stanchions? | Yes | No | How many? _____ |
| 13. Do you require pylons? | Yes | No | How many? _____ |

Arena Specific

- | | | |
|---------------------------------------------------------------------|-----|----|
| 1. Do you require floor boards to be laid? | Yes | No |
| 2. Do you require arena glass to be removed? | Yes | No |
| 3. Will a forklift driver be onsite?
If yes, what company? _____ | Yes | No |
| 4. Do you require arena safety netting raised? | Yes | No |
| 5. Do you require extra hockey nets? | Yes | No |

6. Do you require use of the score clock? Yes No

Magna Centre Gym

1. Do you require the tarp (floor covering)? Yes No

J. Ticket Sales (**Additional fees apply)

a) Will you be selling tickets for your event? Yes No
 b) Do you want the Town of Newmarket to handle your ticket sales? Yes No

K. Installation of Structures (i.e.: bouncing castles, etc)

a) Do you plan to erect any other structure(s) in the facility? Yes No
 b) If yes, please specify for what purpose:

L. Electrical Access

a) Will you require access to electrical power? Yes No
 b) If yes, please specify the purpose: _____
 c) Amperage/power that is required: _____

If an electrician is coming for the setup/take down of your event. You are required to have an ESA inspection.
(Please be advised that electrical access is subject to availability in the facility)

M. Sound Amplification (additional fee for SOCAN)

a) Do you plan to use any device or mechanism to amplify sound? Yes No
 b) If yes, please specify for what purpose:

c) If amplification is for musical purposes, please specify what type of music: (i.e.: live, recorded, etc.) (The maximum decibel level for amplified sound/music is 85)

Sound Speakers to be used: Number _____ Size _____

Date(s) of Usage		Time(s) of Usage			
	From: (mm/dd/yy)	To: (mm/dd/yy)	From: (hh:mm)		To: (hh:mm)
1.			Am	Pm	Am Pm
2.			Am	Pm	Am Pm
3.			Am	Pm	Am Pm

N. Parking Lot Closures

a) Will you require parking lot closures? Yes No

b) If yes, please specify area of parking lot(s): _____

c) Parking Lot Closure Date: _____

Time Closed: _____ Time Opened: _____

O. Vending at Facilities (extra fee per table)

Will there be vendor tables set up? Yes No

If yes, how many? _____

Please note that some events will require police or security to be present. The Town of Newmarket does not provide this service.

Please be advised that your event should not be advertised until APPROVAL has been granted by the Newmarket Recreation and Culture Department

Applicant Signature

Date

Internal Event Form Approvals

Event Title: _____

Event Date: _____

Event Location: _____

For Administrative Purposes Only

Town Liaison: _____ Title: _____

Ext. _____ Cell Phone No: _____

Date Prepared: _____ Work Order # _____

Approved by Recreation & Culture Department:

Name Date

Approved by Public Work Services - Parks:

Name Date

Approved by Public Work Services - Facilities:

Name Date

Declined by:

Name Date

Please explain why the event request was declined:

**** Event Calendar Updates – Please forward a copy of the approved request to Martha Waugh ****

Indoor Events: Please forward all requests to Mike McIntyre

Outdoor Events: Please forward all requests to Jeff Bond & Carol Landvoigt. Please also forward a copy to Traffic Coordinator.

Date Received: _____ **On Call Supervisor:** _____ **Cell #:** _____