



**RECREATION & CULTURE**  
**Town of Newmarket** [www.newmarket.ca](http://www.newmarket.ca)  
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Work Order # \_\_\_\_\_  
 Internal \_\_\_\_\_  
 Recreation Staff \_\_\_\_\_

## OUTDOOR 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)

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**D. Event/Function Location & Dates**

| Event/Function Dates                               |             | Time(s) Required        |                       |
|--|-------------|-------------------------|-----------------------|
| <b>Event/Function set-up to begin:</b>             |             | 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                 |
| <b>Event/Function clean-up to be completed by:</b> |             | 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 if your event/function is serving/selling food and/or non-alcoholic beverages. Events involving alcohol in an outdoor setting must be approved by Management and follow the Municipal Alcohol Policy and Special Occasion Permits.**

**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** *(\*\*Additional fees apply)*

**\*\*Please Note: Additional fees apply- please note location of any requested equipment on your site plan. Additional equipment is subject to first come, first serve basis and may not be available for your event.**

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- 1. Are you interested in booking the stage trailer? Yes No
  - 2. Are you renting portable/accessible toilets? Yes No How many? \_\_\_\_\_
  - 3. Do you require barricades? Yes No How many? \_\_\_\_\_
  - 4. Do you require pylons? Yes No How many? \_\_\_\_\_
  - 5. Do you require garbage cans? Yes No How many? \_\_\_\_\_
  - 6. Do you require green bins? Yes No How many? \_\_\_\_\_
  - 7. Do you require blue bins? Yes No How many? \_\_\_\_\_
  - 8. Will police/security be onsite? Yes No How Many? \_\_\_\_\_

**J. Field and Diamond Lining** *(\*\*Additional fees apply)*

- a) Do you require additional or alternate field/diamond(s) lining? Yes No

If yes, please list field(s), date(s) and time(s)

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**K. Parking Lot Closures** *(please note location on site map)*

- 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: \_\_\_\_\_

**L. Road Closures**

a) Will you require road closures? Yes No

b) If yes, please specify the road(s) \_\_\_\_\_

c) Road Closure Date: \_\_\_\_\_

Time Closed: \_\_\_\_\_

Time Opened: \_\_\_\_\_

**M. Washroom Facilities**

Comments or special considerations: \_\_\_\_\_

**N. Vehicle Access** (please note location on site map)

Do you require vehicle access to site? Yes No

**O. 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

**P. Installation of Tents/Structures** (i.e.: hot air balloons, bouncing castles etc) (please note location on site map)

a) Do you plan to erect tent(s) or any other structure(s) during your event? Yes No

b) If yes, please specify for what purpose: (please note that tent stakes in excess of 10" are not permitted in Town owned parks)

\_\_\_\_\_  
\_\_\_\_\_

**Q. Electrical Access** (\*\*Additional fees apply) (please note location on site map)

a) Will you require access to electrical power? Yes No

b) If yes, please specify the purpose: \_\_\_\_\_

c) Amperage/power that is required: \_\_\_\_\_

d) Will you be using a generator? \_\_\_\_\_

(Please be advised that electrical access is subject to availability in the park)

**R. Sound Amplification** (Please note Noise Bylaw # 2005-158- Amendment to Noise By-Law- 2004-94)

a) Do you plan to use any device or mechanism to amplify sound? Yes No

b) If yes, please specify for what purpose:

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

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**Applicant Signature**

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**Date**