



## SPECIAL EVENT SUPPLEMENTAL QUESTIONNAIRE

EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_ PARK: \_\_\_\_\_

*Please complete this questionnaire and submit with your Special Event Permit application.*

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1. Describe your event, including its primary intent, related activities, and estimated attendance.

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2. In the event of an emergency or natural disaster describe your response plan, including medical care, park evacuation of your group, and training and equipment for event staff.

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3. What type of emergency communications will you use to contact park staff? Who will be the primary on-site contact person(s) for the event and how may they be contacted in the event of an emergency?

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4. If your parking needs exceed park capacity, describe any plans for off-site parking, parking control and shuttle service.

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