



EVENT & PROGRAM PROPOSAL

8220 Loop Road
 Baldwinsville, New York 13027

315-635-5999

parcs@townoflysander.org

Event Details:

EVENT NAME:								
EVENT DATES & TIMES:								
SET-UP DATES & TIMES:								
PROJECTED ATTENDANCE:	Spectators:		Participants:		Officials:		Volunteers:	
MAXIMUM TICKETS:		ADMISSION FEE:		PARKING FEE:				
EVENT ORGANIZER:								
EMAIL:				CELL#:				
ADDRESS:								
EVENT PROMOTOR:								
EVENT SPONSOR:								

1. EVENT DESCRIPTION: _____

2. MUSICAL ENTERTAINMENT: _____

3. STAGE AND SOUND (proposed company, number of and location of stage(s), sound tents, generators): _____

4. FACILITIES & GROUNDS (detail light towers, generators, portable toilets, dumpsters, waste containers, tents, support vehicles, etc.) _____

5. SUPPORT STAFF PLAN (janitorial, general maintenance, electrical, etc.): _____

6. CONCESSIONS (List vendors, type of items sold, description of set-up, size; Include alcohol to be sold and dispensing vendor; Attach separate pages and or park map if necessary): _____

7. ENTERTAINMENT & AMUSEMENTS: _____

8. RADIO/TELEVISION ON-SITE (Amplified music, giveaways, games, gimmicks): _____

9. OTHER: _____



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Parking & Traffic Control Plan:

EVENT NAME:								
EVENT DATES & TIMES:								
PROJECTED ATTENDANCE:	Spectators:		Participants:		Officials:		Volunteers:	
MAXIMUM TICKETS:			ADMISSION FEE:			PARKING FEE:		
ON-SITE CONTACT:					CELL#:			
PARKS & REC. CONTACT:					CELL#:			

1. PARKING

- HOURS: _____
- GATES: _____
- CONTROLS: _____
- FLOW: _____
- ATTENDANTS: _____
- SAFETY MEASURES: _____
- COMMUNICATION: _____
- SIGNS & POSTINGS: _____

2. TRAFFIC CONTROL

- HOURS: _____
- LOCATIONS (Attach map if necessary): _____

- CLOSINGS: _____
- CONTROLS: _____
- PATROL: _____
- COMMUNICATION: _____
- SIGNS & POSTINGS: _____



EVENT & PROGRAM PROPOSAL

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Security Plan:

EVENT NAME:								
EVENT DATES & TIMES:								
PROJECTED ATTENDANCE:	Spectators:		Participants:		Officials:		Volunteers:	
MAXIMUM TICKETS:		ADMISSION FEE:		PARKING FEE:				
ON-SITE CONTACT:					CELL#:			
PARKS & REC. CONTACT:					CELL#:			

1. SECURITY

- HOURS: _____
- AGENCY: _____
- ROLE: _____
- POSTS: _____
- CONTROLS: _____
- SAFETY MEASURES: _____
- COMMUNICATION: _____
- TRANSPORTATION: _____
- OTHER: _____

2. LAW ENFORCEMENT

- HOURS: _____
- AGENCY: _____
- ROLE: _____
- POSTS (Attach map if necessary): _____
- CONTROLS: _____
- COMMUNICATION: _____