

St. Joseph County Parks Department  
Special Events Application



**THE EVENT:**

Name of Event: \_\_\_\_\_ Park location: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Hours of the Event: \_\_\_\_\_

Estimated number of attendees: \_\_\_\_\_ Will this Event be open to the general public?  Yes  No  
(If yes, may we promote it in our Activity Guide?  Yes  No ( if print deadlines permit)

Has this event been held at a St. Joseph County Park in the past?  Yes  No If yes, when? \_\_\_\_\_

Has this event been held at any other public park or location in the past?  Yes  No If yes, when, \_\_\_\_\_  
Where? \_\_\_\_\_

Sponsor / Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

Contact name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Is this a not-for-profit/501(C)3 organization?  Yes  No

Is this Event a fundraiser for a registered 501c3?  Yes  No

**(If yes, please attach proof of 501(C)3status)**

Who will receive funds raised?

Organization submitting this proposal

Other: \_\_\_\_\_ ( Enclose 501 c3 status form)

**All fundraising activities require prior approval of the Parks Director. Please Initial \_\_\_\_\_**

Event to be held at:  St. Patrick's  Ferrettie Baugo Creek

Bendix Woods

Spicer Lake

Shelter/area desired: \_\_\_\_\_

Do plans involve utilizing Tents/Canopies?  Yes  No

(Tents are allowed in designated areas only, and are subject to approval)

Required Set-up/Tear-down time (days/hours) \_\_\_\_\_

**On the day of the event**, what are the arrival and departure times anticipated? (Please consider final set up and clean up/tear down )

Arrival Time \_\_\_\_\_ Departure Time: \_\_\_\_\_

Are you requesting overnight use of the park?  Yes If yes: Date/day \_\_\_\_\_  No

Note: Overnight use, if approved, requires overnight security. )

Will any proposed activity take place outside of shelter, in open space, or on park trails or parking lots?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you have any specific parking needs such as additional accessible parking, VIP parking, etc?  Yes  No If yes, please describe: \_\_\_\_\_

Do event plans include music?  Yes  No If yes, please describe music (i.e amplified or acoustic, etc.). \_\_\_\_\_

**Music is allowed in certain areas only. All music must conform to SJC Parks Rules and not interfere nor disturb other park patrons. Please initial \_\_\_\_\_**

Please provide a **detailed** description of the proposed Event, the types of activities planned, fundraising details, volunteer usage, committees and any special requirements or accessibility needs (attach additional pages as needed): \_\_\_\_\_

**Alcohol service or sales are limited to events coordinated with SJCP, with SJCP serving as a major sponsor in event publicity. Alcohol service is limited to beer and wine only, with permission from the Parks Director and proof of an Indiana State Excise Police permit. Per County Ordinance, a police officer must also be on site during the entire event, with that cost being part of the event fees paid to SJCP. Please Initial \_\_\_\_\_**

Will alcohol be available at this event?  Yes  No Please describe: \_\_\_\_\_

## VENDORS

Will your event include merchandise or food available for sale or food available for free distribution by third party group or vendors?

Estimated of number of merchandise vendors: \_\_\_\_\_

Estimated number of food vendors: \_\_\_\_\_ Proposed location of vendors: \_\_\_\_\_

Note: the attached vendor form must be submitted no later than 3 weeks from your scheduled event.. **Please initial \_\_\_\_\_**

## EVENT LAYOUT

Please provide a basic (proposed) layout of the Event on a park map. Download a park trail map from our web site: [www.sjcparks.org](http://www.sjcparks.org), and clicking on the park you select at the top of the page; then click on the "printable trail map" under "Activities Available" in the middle of the page. (on the map, show us how you envision the layout of activities, location of tents/canopies, walking/jogging routes, vendor locations, etc). Use area below for a brief, written description of layout:

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**MARKETING/ADVERTISING**

Will you be marketing/promoting this Event?  Yes  No

How? Print  Radio  TV  Outdoor Signage or billboards  Other  \_\_\_\_\_

If available, please provide an example of a promotional material (flyer, brochure, ad, etc.) that may utilized. Where will the materials be distributed? \_\_\_\_\_

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The Parks Director must approve all promotional materials containing the name or address of any of the St. Joseph County Parks properties *in advance of their release to the public.* Please initial \_\_\_\_\_

We require the full name of the county park to be used in all public communications about the event.

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Authorized Representative's Printed Name

Title

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Signature

Date

Please return completed form to:

**Ferrettie-Baugo Creek County Park**  
**ATTN: Jamie Hartzke**  
**50651 Laurel Road**  
**South Bend, IN 46637**  
**(574) 277-4828**  
**[jhartzke@sjcparks.org](mailto:jhartzke@sjcparks.org)**

NOTE: St. Joseph County Parks Department reserves the right to require all event coordinators provide proof of liability insurance, adequate maintenance and security personnel, and additional restroom facilities. St. Joseph County Parks requires that event coordinators sign a Waiver of Claim. All vendors associated with the event will be required to show proof of compliance with all laws and ordinances and will be required to pay a fee to St. Joseph County Parks prior to vending approval.

# Vendor Form

St. Joseph County Parks

Special Events

Event name \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Contact: \_\_\_\_\_

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Please list **ALL** vendors (attach additional pages as needed):

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Will this vendor be selling food/beverage items?     Yes  No

If no, what will be sold? \_\_\_\_\_

Will food or beverages be given away at no cost?     Yes  No

*Do you have documentation that this vendor has all necessary permits, licenses, insurance, etc.? (Copies must be submitted to our office at least 24 hours prior to the event – vendors will not be able to participate if we don't have appropriate documentation on file. **Please initial** \_\_\_\_\_)*

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Will this vendor be selling food/beverage items?     Yes  No

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Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

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