TOWN OF THREE LAKES

6965 W School St. P.O. Box 565 Three Lakes, WI 54562 Phone: (715) 546-3316



PARK COMMISSION SPONSORED AND APPROVED EVENT TO BE HELD IN A TOWN PARK

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(1) Name of event:				(3) Location:				
(2) Name of sponsoring organization:			(4) Set-Up Date:					
			(5) Event Date:					
(6) Name and address of cont	tact person fron	n sponsorin	g organization:				
(7	(7) Contact person's phone number: (8			Will contact person be onsite during event?				
				YES	NO (if NO, see #12)		e #12)	
(9) Date of Park Commission meeting where your event was approved:	(10) Estimated number of participants/attendees:			(11) Do you have a safety plan in place in the event of an emergency? YES NO			
(12) Name and telephone number of person who will be onsite during the event:								
(13) The undersigned has full authority as spokesperson for the sponsoring organization:								
SignatureDate								
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	ERMIT GRANTED							
Sı	ubject to the following	g requireme	ents and/	or conditions:				
Signature: Town Chair					Date:			
Si	gnature:	Town Clerk			Date	e:		