

SPECIAL EVENT QUESTIONNAIRE

Name of organization: _____

1. Provide the following information on all **"small events"** This includes events open to the public with less than 300 attendees. Typical events may include golf tournaments and dinners. Do not include regularly scheduled meetings. If additional space is needed, attach additional information.

Type of Event	Date & Time Scheduled	Annual Event? YES <input type="checkbox"/> NO <input type="checkbox"/>	Estimated Attendance	Estimated Receipts from Admission	Food/Drink receipts Excluding Alcohol	Alcohol Receipts
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				

2. If liquor is indicated above:
 a. Is any employee or volunteer of your organization responsible for serving alcohol? YES NO
 b. What alcohol controls are in place? _____

3. Indicate any of the following types of events that you sponsor or participate in.
Complete a Special Event Addendum for each event indicated.

None of the following apply

Event with:

- | | |
|--|--|
| <input type="checkbox"/> Estimated attendance <u>more than 300 people</u>
<input type="checkbox"/> Aircraft or watercraft (motorized or not)
<input type="checkbox"/> Animals
<input type="checkbox"/> Athletic participation (e.g., rope courses, climbing walls, marathons, etc.)
<input type="checkbox"/> Fireworks sales or fireworks show | <input type="checkbox"/> Haunted house
<input type="checkbox"/> Home tours
<input type="checkbox"/> Mechanical or non-mechanical entertainment devices (e.g., inflatable bouncers or slides)
<input type="checkbox"/> Parade-participation or sponsorship
<input type="checkbox"/> Use of motorized vehicles of any type |
|--|--|

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT | **ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED
<input type="checkbox"/> ADDITIONAL INSURED				
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
<input type="checkbox"/> LIENHOLDER				
<input type="checkbox"/> EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:		

Completed by: _____ Date completed: _____