



Date Received _____

Received By _____

CITY OF HAMPTON SPECIAL EVENT REGISTRATION

Please print clearly

For questions, please call : 770-946-4306

The purpose of this registration is for information and coordination of events occurring in the city. In order for everyone to enjoy maximum benefit from your event and to avoid scheduling conflicts, please register at least 30 days prior to the date of the event. The application cost \$100.

Name, Date, and Time of Event: _____

Is This a City Sponsored Event? Yes _____ No _____

Expected Attendance: _____
(Please attach a description of your event to this form)

Event Location: _____

Sponsoring Organization: _____

Contact Name & Email Address: _____

Address: _____

Phone Number: _____ Cell: _____ Fax: _____

- Will you be asking to close any streets or sidewalks for this event? Yes ___ No ___
- Will any traffic routing or control devices be used for this event? Yes ___ No ___
- Will there be a parade associated with this event? Yes ___ No ___
*If yes, please attach a detailed description of the route.
- Does your event/organization carry insurance? Yes* ___ No ___
*Attach a copy of declaration page.

I declare under penalty of perjury that the information provided is true and correct. I also understand that my signature is binding as the official representative of my organization.

Signature of Person Registering Event _____

_____ Initial: I understand that my organization will be responsible for clean-up.

Reviewed and Recorded _____ Date: _____
Hampton City Manager

Reviewed and Recorded _____ Date: _____
Hampton Police Dept.

Reviewed and Recorded _____ Date: _____
Public Works