Wabaunsee County Event Planning Request Form

Date request received ____________________________

Date of Event ____________________________ Time of Event ____________________________ AM or PM

Contact Name ____________________________

Phone Numbers
   Home ____________________________ Office ____________________________
   Cell ____________________________

Name of Event ____________________________

Type of Event ____________________________

If fundraiser, what is the contribution per person ____________________________

Sponsor(s) ____________________________

Location ____________________________

Roadway(s) and route to be used if event is a walk, race, or ride that will require any assistance from law enforcement.

**NOTE** Any and all traffic assistance on state or local roads must be conducted by and/or approved by law enforcement with jurisdiction of those roads.

Purpose of Event ____________________________

Format ____________________________

Estimated Attendance/Participants ____________________________

Other Speakers/VIPs ____________________________
   (Name and Title)

Media coverage expected: _____Yes _____No _____Maybe/Invited
   TV _____ Radio _____ Print _____

Candidate required to attend from_________ to_________

Comments: ____________________________

______________________________

DATE

_______ First response

_______ Regret: by phone [ ] by letter [ ]

_______ Tentative yes

_______ Canceled: by whom

_______ Confirmed: by whom

Staffed by ____________________________

**This form is to be completed and approval must be given anytime the event or any part of the event takes place on property other than privately owned property**