



## BOOSTER CLUB EVENT APPLICATION – PLAYGROUND/PARK

- Completed/ signed application must be submitted to the playground/park SITE SUPERVISOR (two) 2 weeks before the event date.
- Any/all revisions to this application must also be received in writing and approved by the NORDC at least two weeks prior to the scheduled event.

<b>SUBMISSION DATE:</b>					
<b>BOOSTER CLUB INFORMATION</b>	<b>Name:</b>				
<b>Mailing Address City, State, Zip</b>					
<b>Primary Contact: (Name/Title)</b>		<b>Secondary Contact: (Name/Title)</b>			
Cell Phone:	Email:	Cell Phone:	Email:		
<b>EVENT INFORMATION</b>	<b>EVENT NAME:</b>				
Event Type: (Check all that apply)	<input type="checkbox"/> Facility Rental	<input type="checkbox"/> Public Event	<input type="checkbox"/> Theatrical	<input type="checkbox"/> Program:	
	<input type="checkbox"/> Athletic Event	<input type="checkbox"/> Meeting	<input type="checkbox"/> Conference	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Private Party	<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Meeting		
*Event Description Please describe your event in detail (Use a separate page if necessary)					
<b>Site Requested:</b> (Indicate specific venue, facility and/or room(s))					
<b>Event Date(s):</b> (Date/Times OPEN to attendees)	Start Day/Date:	End Day/Date:	<b>Event hours each day:</b>	Start Time:	End Time:
<b>Event Size:</b>	# of Staff/Volunteers:		# of Attendees:		
Has this event been held before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this an annual event? Yes <input type="checkbox"/> No <input type="checkbox"/>		Previous Name(s) of event:		How many years has it been held?
At what location was this event held previously?					
Is this event open to the public or is it a private event?	If open to the public, please check all methods by which the event is advertised: <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Billboards <input type="checkbox"/> Posters <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____				
<b>TRASH</b>	Booster clubs are responsible for all clean-up after events.				
If you are hiring an outside vendor, please indicate which company you are working with and include onsite, weekend or emergency numbers for them.					
<b>STAFF &amp; SECURITY</b>	NORDC reserves the right to require and regulate uniformed security personnel (New Orleans Police Department or Orleans Parish Sherriff's Officers only) for any function. They also reserve the right to regulate the number of security officers required at any event. The applicant shall provide security personnel at the applicant's expense. <ul style="list-style-type: none"> <li>• NOPD Office of Secondary Employment: 504-658-8747 - OR -</li> <li>• New Orleans Parish Sherriff's Office - Sgt. Darren Barnes: 504-957-2002</li> </ul> Security needed? Yes <input type="checkbox"/> No <input type="checkbox"/>				

<b>NO DRUGS OR WEAPONS</b>	Drug use on City property is strictly prohibited. It is unlawful to manufacture, distribute, dispense, possess, or use a controlled substance or illegal drugs on City property. Violators will be prosecuted to the full extent of the law. Additionally, The possession or use of weapons of any kind is also prohibited.	
<b>AMPLIFIED SOUND/MUSIC/ ELECTRICAL</b>		
Will your event have an amplified PA system? Yes <input type="checkbox"/> No <input type="checkbox"/>		Will your event have an amplified music and entertainment? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>HOLD HARMLESS</b>	I, the undersigned, having read and being in full agreement with the above conditions, will comply with all policies and ordinances of the City. I also will assume responsibility for any damages to the property or equipment thereof, and will pay a fair price determined by NORDC for said damages. I do hereby waive, absolve, indemnify, and agree to hold harmless the City of New Orleans, NORDC, the organizers, sponsors, supervisors, and participants for any claim arising out of any accident or liability insurance that I/we may have.	

I certify that the information that we have provided on this application is true and accurate to the best of my knowledge. If our plans change, we will submit a revised application accordingly.

<b>Primary Contact Signature</b>	<b>Primary Contact Printed Name</b>
Title	Date

**FOR NORDC STAFF USE ONLY**

<b>SITE SUPERVISOR RECOMMENDATION:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not recommended, please provide the reason(s).</i>	<b>SITE SUPERVISOR SIGNATURE:</b>  <b>DATE:</b>
<b>DISTRICT MANAGER EVENT APPROVAL:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not approved, please provide the reason(s).</i>	<b>DISTRICT MANAGER SIGNATURE:</b>  <b>DATE:</b>
<b>DISTRICT MANAGER DATE VERIFICATION:</b> <input type="checkbox"/> Available <input type="checkbox"/> Unavailable <i>If unavailable, suggested alternate date(s):</i>	<b>DATE:</b>
<b>ATHLETICS DIRECTOR SIGNATURE:</b>	<b>DATE:</b>