SPECIAL EVENTS QUESTIONNAIRE

ASSOCIATION NAME: California Chapter, American Planning Association
MAILING DDRESS: c/o Stefan/George Associates, 925 L Street, Ste. 200, Sacramento, CA 95814
CONTACT PERSON: Francine Farrell
DAYTIME PHONE: 916.226.5512 **FAX NUMBER**: 916.896.1918

1. Describe Event:
2. Are You a Sponsor: Yes ☐ No ☐
   - *If not, name of main sponsor*:
3. Date(s) of event (including move-in/move out date):
4. Address of event:
5. Estimated Attendance: Estimated Exhibitors:
6. Admission to be charged: ☐ Free/No Admission
7. Expected gross receipts:
8. Will event be held indoors or outdoors? Yes ☐ No ☐
9. Have you conducted similar events in the past? Yes ☐ No ☐
10. Have there been any claims or losses in the past? Yes ☐ No ☐
11. Describe security to be provided: ☐ Armed - Provided by whom: ☐ Unarmed
12. Describe First Aid to be provided:
13. Will there be amusement rides, fireworks or water related events? Yes ☐ No ☐
    - *If yes, please specify*:
14. Are exhibitors required by contract to carry their own liability insurance? Yes ☐ No ☐
    - *If yes, will they be required to provide you with evidence of General Liability and Workers' Compensation Insurance*? Yes ☐ No ☐
15. Describe refreshments planned:
16. Will refreshments be complimentary or purchased by guests? Comp ☐ Guest Purchase ☐
17. Who will be providing them?
18. Describe any cooking done onsite:
19. If liquor is to be sold, list estimated receipts:
20. Do you request a certificate of insurance from the caterer if alcohol is served? Yes ☐ No ☐
21. Is a certificate of insurance required by another party? Yes ☐ No ☐
    - *If yes, please complete the attached Certificate of Insurance Request Form.*
22. Are any athletic events being planned? Yes ☐ No ☐
    - *If so, please describe*:

Print Name

Telephone

Signature

Date