

Organizer Special Event Application

Return your completed form to: PHI.Intake@wdgpublichealth.ca or by fax to 519-823-4905 at least 60 days prior to the event

Event Information		
Event Name:	Duration: 1 day <input type="checkbox"/> 2-3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/>	
Date of Event:	Total Attendance: Under 800 <input type="checkbox"/> Over 800 <input type="checkbox"/>	
Event Location:	Annual Event: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Venue Type: Public Park <input type="checkbox"/> Street Festival <input type="checkbox"/> Community Centre <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____		
Organizer/Contact Information		
Organizer/Contact Person: _____		
Address: _____	Home Phone: _____	
City/Town: _____	Postal Code: _____	Business Phone: _____
Email Address: _____	Cell Phone: _____	
Website: _____		
Responsibilities of Organizer		
Water Supply: Potable water supplied to vendors: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, complete next question on the water source)		
Water Source: Municipal <input type="checkbox"/> Other Regulated Source <input type="checkbox"/> Bottled Water <input type="checkbox"/> Private Well <input type="checkbox"/> Water Truck <input type="checkbox"/> Company name: _____ Other <input type="checkbox"/> (specify): _____		
Ice supplied to vendors: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, source of water used to make ice: _____		
Hydro: Electricity available Yes <input type="checkbox"/> No <input type="checkbox"/> Back-up power available Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sanitary Facilities: Portable Toilets Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Sewage Hauler: _____ Permanent Toilets Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Portable Hand Wash Basins Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Hand Wash Basins Yes <input type="checkbox"/> No <input type="checkbox"/> Sanitizer Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify type: _____ Soap and Paper Towels Yes <input type="checkbox"/> No <input type="checkbox"/>		
Garbage: Garbage cans/containers available: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Vendor Information		
Total Number of Vendors participating: _____		
Personal Service Setting Booth (piercing, tattoo, manicure, etc)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Vendor(s) name and phone number(s): _____		
Will any Vendors have a petting zoo or animal exhibit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Vendor(s) name and phone number(s): _____		

