





This application must be submitted for special events held on District property and/or requiring District Services at least 90 days prior to the date of the event in order to submit to the Recreation Coordinator for tentative approval (Note: If this is a MAJOR EVENT where five thousand – 5,000 – or more people are expected to be in attendance at any one time the application must be submitted 180 days prior to the event). In order for the application to be considered complete it must be turned into the Recreation Coordinator in charge of special events, completely filled-out and accompanied by all pertinent/required supporting documentation. The following items are required to make this application complete:

- 50% of event fee total
- Tournament Application, completely filled-out
- Copy of liability insurance based on district standards
- Signed Code of Conduct
- Any event-specific documentation listed in District policy or required by staff

The action to approve an event, which is included on the website or with this application, will state conditions which must be met, and in what sequence, for the event to be held.

If writing, please print or type the information below and answer all areas as thoroughly as possible. If the information does not pertain to your activity, please indicate *not applicable* (N/A).

Name of Event:	Type of Eve	Type of Event:			
Date of Event:	☐ New Ev	☐ New Event ☐ Returning Event			
Proposed Starting Time:	Proposed E	Proposed Ending Time:			
Set Up Time:	Tear Down Ti	Tear Down Time:			
Requested Location(s):					
Name of County Department/Di	vision, Sponsor or H	Iosting Organization:			
Address:					
Day Phone:	Evening Phone:	Fax:			
Message Phone:	Email Addı	ress:			
Event Contractor(s), if applicable:		Phone:			
Who is the target audience for the a	ctivity/event?				
Estimated Attendance:	Estimated N	Number of Staff/Volunteers:			
Will any fees be charged? YES	NO If yes, what fe	ees will be charged?:			







Will any fees be collect	ed on site? YES NC	Who will the proceeds benefi	t?:
If available for purchase	e, is event:	☐ Non-Profit	
Will you need any of th	e following utilities?	R ☐ TRASH	I
An approved traffic com on the event. The plan s etc. (A changeable mess	ctor may be required for ever atrol plan will be required pri should specify pedestrian may sage sign may also be require	nts which require barricades or troor to implementing any closure of nagement, traffic signal modificated.) Tic control plan if applicable:	or redirection based
	vehicles be permitted to load	d/unload on District property? ng and unloading would occur:	□ YES □ NO
incurred by the district. PLANNING	Will district staff be requested SET-UP	☐ DURING EVENT	☐ CLEAN-UP
It so, indicated the estin	nated number of staff, duties	to be performed and hours to be	assigned:
PARK SITES If requesting to use a pa	ark site, please indicate the na	ame of the park:	
If not using the entire pa	ark, please indicate specific a	area of use:	







FOOD VENDORS*

Food vendors must obtain a valid health permit from the Riverside County Department of Public Health, if they do not already have one. A copy of this must be faxed to the Sports Park at least 15 days prior to the event and the original must be placed on display on the day of the event. In addition, all vendors selling food or other products must obtain and have all other required permits and/or licenses from the city the event is being held in (e.g. business license).

Note: AYSO is in charge of operating the Concession Stand and has first right to refusal and

must approve any additional food vendors.
Will food be served at the event? YES NO
If YES, the food is:
☐ Provided Free ☐ Cooked/Prepared On-Site ☐ Being Cooked on an Open Fire
Available for Purchase
Please provide a menu of the food you will be serving:
Does the vendor have a valid health permit issued by the Riverside County Department of Health?: YES NO * Unless otherwise noted, all vendors will be required to provide proof of insurance to the Special Events Coordinator
OTHER VENDORS* Are you requesting approval to offer other items for sale at the event?: YES NO If YES, types and planned cost of items for sale:
Also, if YES, who the proceeds benefit?
Will there be a jumper? YES NO If YES, please provide the following: Phone #:
*If you decide to use a jumper the company must carry insurance specified in the Park General Insurance Rider Document or specific Insurance Rider Document provided on the website or in your packet.
Will there be amplified music?
Company: Phone #:
* Unless otherwise noted, all vendors will be required to provide proof of insurance to staff.

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EQUIPMENT Please indicate if the following equipment is requested from the District or will be used during the event (as well as units required/used): PA and Speaker System: Tables: Easy-up: Chairs: Generator: Extension Cords: Light Towers: Stages: Other: CLEAN-UP AND TRASH REMOVAL Clean-up of the event area immediately following the event, including trash removal from the site, is the responsibility of the applicant. Please name the contractor or organization responsible for: Phone #: Clean-up: Trash Removal: Phone #: **EVENT PARKING** Sufficient parking must be planned and designated depending upon the type and location for your event. Please indicate what areas you plan on utilizing for participant/attendee parking: Will you have/provide designated parking for disabled persons? YES NO Location: VEHICLES ON PARK GROUNDS Vehicles, including catering vehicles, are not normally permitted to drive or park on the turf of district park grounds due to extensive underground irrigation systems that may sustain damage when vehicles drive across control boxes, sprinkler head and the lines. Are you requesting that vehicles be permitted to drive or park on public grounds? YES NO If YES, please indicate the type(s) of vehicles and the locations and times they would be driven: PORTABLE RESTROOMS Will additional portable restrooms be brought to the event site? YES NO







Tournament Application Form If YES, please provide the name of the company bringing the portable restrooms:

Company Name:	Phone #:	
Number of Additional Restrooms:	ADA Appr	oved:
CAMPING & OTHER RESERVATIONS Will you be reserving any of the following w		
Campsite(s) – How many and specific si	te numbers?:	
Group Campsites – How many and speci	fic site numbers?:	
Cabins (Rancho Jurupa ONLY) – How n	nany and specific cabin numbers	?:
Please Note: ALL applicants will be notified staff regarding the status of the application Manager and, if applicable, the Board.		
Applicant's Signature	Title:	Date:
(Required)	(If applicable)	
EVENT MAP		
A map of the event site is required and shour recommended street closures, parade or run/below, or attach your map to the application	walk routes, etc. Please draw you	







NOTES (For internal use only)

Please make any additional notes or conditions applicable to the approval of this application:						
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