

EVENT INFORMATION FORM		
Title of Event		
Date/s of Event		
Name and Address of Event site		
What time is the event open to the public?	From:	To:
Estimated number of visitors		
Name of Organisation		
Address		
Section 1: ORGANISER CONTACT DETAILS		
Name		
Position in Organisation		
Address		
Telephone		
Mobile		
E-mail		
Alternative contact or person in charge on the day (If different from above)		
Name		
Position in Organisation		
Address		
Telephone		
Mobile		
E-mail		

Section 2: EVENT DETAILS

Description of Event. (Please provide full details of event, and attach a site plan or route map. Details to include event area(s), road/path closures, entrance/exit, car parking area. locations, dates and times, and identify the location of Temporary road closure signage (e.g. Diversion signs).

Is any part of the event to be held on the highway?	<input type="checkbox"/>	Is off-road parking provided?	<input type="checkbox"/>
Do you require road closure/s?	<input type="checkbox"/>	Do you require traffic diversion?	<input type="checkbox"/>
Do you require on street parking restriction?	<input type="checkbox"/>	Do you require car park closure?	<input type="checkbox"/>

Do you intend to use or allow any of the following elements at the event? Is so, please tick the appropriate boxes.

Aircraft	<input type="checkbox"/>	Live Entertainment/Music/Dance	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Marquees/Gazebos	<input type="checkbox"/>
Animals	<input type="checkbox"/>	Market Stalls/Merchandising	<input type="checkbox"/>
Bar-B-Q	<input type="checkbox"/>	Other Motor Vehicles	<input type="checkbox"/>
Barrier/Fencing	<input type="checkbox"/>	Money collections for charity	<input type="checkbox"/>
Berthing Facilities	<input type="checkbox"/>	Motorcycles	<input type="checkbox"/>
Carnival Processions	<input type="checkbox"/>	Parachutists	<input type="checkbox"/>
Compressed Gas Helium/LPG	<input type="checkbox"/>	On Site Communications	<input type="checkbox"/>
Electrical Installations	<input type="checkbox"/>	Park & Ride Facilities	<input type="checkbox"/>
Face Painting	<input type="checkbox"/>	PA System	<input type="checkbox"/>
Fairground Equipment/Rides	<input type="checkbox"/>	Power Supply	<input type="checkbox"/>
Fireworks/Pyrotechnics/Fire Eaters/Lasers	<input type="checkbox"/>	Portable Staging/Temporary Structures	<input type="checkbox"/>
Food/Drink Concessions	<input type="checkbox"/>	Signs on the Highway	<input type="checkbox"/>
Fuel Storage	<input type="checkbox"/>	Stewarding/Security	<input type="checkbox"/>
Helium Balloon Launch	<input type="checkbox"/>	Re-enactment Groups	<input type="checkbox"/>
Hot Air Balloons	<input type="checkbox"/>	Water (Limited/No supply at some sites)	<input type="checkbox"/>
Inflatables (Bouncy Castles etc)	<input type="checkbox"/>	Toilets	<input type="checkbox"/>

If any elements of your event are not covered by the above list, please specify:

Section 3: Emergency Services

It is the responsibility of the event organiser to notify the Police and all appropriate Emergency Services of the event. Please indicate those notified.

Police	<input type="checkbox"/>
Ambulance Service	<input type="checkbox"/>
St John Ambulance	<input type="checkbox"/>
Red Cross	<input type="checkbox"/>
Fire Brigade	<input type="checkbox"/>
HM Coastguard	<input type="checkbox"/>
Other	<input type="checkbox"/>

Section 4: DOCUMENTATION

Please indicate the insurances you have in place

	Public Liability Insurance	Specific Risk Assessment	Safety Inspection Certificates
Event organiser's public liability insurance	<input type="checkbox"/>		
Mechanical Rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflatables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Rides	<input type="checkbox"/>	<input type="checkbox"/>	
Other insured participants E.g. Firework Operator, Bungee Jumps, Tractor pulls, Helicopter charters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate insurance policy/ies for other elements (e.g. caterers, contractors, exhibitors, performers, traders etc.)			<input type="checkbox"/>
Evidence of Food Registration			<input type="checkbox"/>

DECLARATION

I confirm that:

**'THE INFORMATION GIVEN ON THIS FORM IS TO THE
BEST OF MY KNOWLEDGE TRUE AND ACCURATE'**

SIGNED _____ DATE _____

PRINT NAME _____

**SUBMIT THIS FORM TO: BEVERLEY SAUNDERS
SHEPWAY DISTRICT COUNCIL, CIVIC CENTRE,
CASTLE HILL AVENUE, FOLKESTONE, KENT CT20 2QY**