



Department of Public Affairs
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Event Operations Profile

EVENT DATE AND SITE

Name of Event: _____

No. years event held: _____ Attendance expected: _____ Attendance last year: _____

Date(s)/hours: Date(s) _____

From _____ (AM/PM) To: _____ (AM/PM)

Set-up date(s): _____ Tear down date(s) _____

Venue:

- | | |
|--|---|
| _____ Francis Field | _____ The Gazebo/Plaza de la Constitución |
| _____ The VIC/The Promenade/The Fountain | _____ The St. Augustine Municipal Marina |
| _____ The Willie Galimore Center | _____ The Lightner Courtyard |

Identity the affected right-of-ways: _____

EVENT PRODUCER/ORGANIZER

Organization producing event: _____

Address: _____

(Street/P.O. Box, City, State, Zip)

Contact: Person: _____ Title: _____

(Contact person must be on site during event)

Office Phone: _____ Mobile: _____

Email: _____ Fax: _____

Website: _____

Insurance: Provider: _____

EVENT PROFILE BRIEF

Description: Describe the event's activities (i.e. booths, music, games, cooking on site, beer, wine, etc.)

Include a site plan, use additional space as necessary

Support: Describe support services expected of the City of St. Augustine (i.e. solid waste, water, electrical, security, etc.)

Use additional space as necessary

