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 VIC/The Promenade/The Fountain
___ The Willie Galimore Center
___ The Gazebo/Plaza de la Constitución
___ The St. Augustine Municipal Marina
___ 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

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________
UNIFIED OPERATIONS PLAN

Name of Event: ____________________________________________________________

Location: ______________________________________________________________

[If location is a Right-of-Way, attach specific route/area of event]

Date(s)/hours: [Including move-in move-out dates.]

  Date __________ / ________ (AM/PM) to: ________ (AM/PM)
  Date __________ / ________ (AM/PM) to: ________ (AM/PM)
  Date __________ / ________ (AM/PM) to: ________ (AM/PM)
  Date __________ / ________ (AM/PM) to: ________ (AM/PM)
  Date __________ / ________ (AM/PM) to: ________ (AM/PM)

On site primary contact:

  Name: ________________________________________________________________
  Office: ___________________________ Home: ___________________________
  Mobile: ___________________________ Email: __________________________

Event description:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Documents, permits, forms, required by event and status:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Special responsibilities / obligations of event organizer:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________