

PARK EVENT PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION

Name of Event Wizzard CROSS

Event Organizer/Sponsor Team Magnus

Is Organizer/Sponsor a 501(c)3 non-profit agency? Yes No

If Yes, provide State of Wisconsin Tax Exempt Number _____

Address 601 Williamsan st.

City/State/Zip Madison, WI, 53703

Primary Contact Luke Bathelet - clerk

FAX _____

Work Phone 608-442-5374

Phone During Event 608-215-7865

E-mail teammagnus@hotmail.com

Website _____

Secondary Contact Christopher Barga

Phone During Event 608-772-3163

Work Phone _____

E-mail _____

Annual Event? Yes No

Charitable Event? Yes No

If Yes, name of charity to receive donations: _____

Estimated Attendance 100-500 (200-300 participants) CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification: Hours _____ to _____ Yes No

Park Requested Hickstead Park

Shelter Reserved by Event Organizer Yes No

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) _____

Rain Date(s) _____

Event Start Date(s)/Time(s) 8AM 12-15-11

Set-Up Date(s)/Time for Event N/A

Event End Date(s)/Time(s) 6pm 12-16-11

Take-Down Time by 6pm 10-16-11

Does this require time in the park the day before your event? Yes No

APPLICATION SIGNATURE

The person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved park area. This permit is subject to all Municipal Ordinances as defined by the City of Madison, in addition to all rules and regulations governing the City's Parks Division. The applicant agrees that during the use of the park facility, the sponsoring organization will not exclude anyone from participation in, deny anyone the benefits of, or otherwise subject anyone to discrimination because of the person's race, color, creed, national origin or handicap.

The applicant has read the Park Events Application packet. The applicant has included all of the appropriate permit applications and materials for this event.

I hereby certify to the best of my knowledge that the information and statements contained in this application are complete and true. I understand that failure to report components of this event/activity may result in the loss of deposit, revocation of permit and/or failure to secure future permits.

Signature _____

Date 3/31/11