



# EVENT & PROGRAM PROPOSAL

8220 Loop Road  
 Baldwinsville, New York 13027

315-635-5999

parcs@townoflysander.org

## Event Details:

EVENT NAME:								
EVENT DATES & TIMES:								
SET-UP DATES & TIMES:								
PROJECTED ATTENDANCE:	Spectators:		Participants:		Officials:		Volunteers:	
MAXIMUM TICKETS:		ADMISSION FEE:		PARKING FEE:				
EVENT ORGANIZER:								
EMAIL:				CELL#:				
ADDRESS:								
EVENT PROMOTOR:								
EVENT SPONSOR:								

1. EVENT DESCRIPTION: \_\_\_\_\_  
 \_\_\_\_\_
2. MUSICAL ENTERTAINMENT: \_\_\_\_\_  
 \_\_\_\_\_
3. STAGE AND SOUND (proposed company, number of and location of stage(s), sound tents, generators): \_\_\_\_\_  
 \_\_\_\_\_
4. FACILITIES & GROUNDS (detail light towers, generators, portable toilets, dumpsters, waste containers, tents, support vehicles, etc.) \_\_\_\_\_  
 \_\_\_\_\_
5. SUPPORT STAFF PLAN (janitorial, general maintenance, electrical, etc.): \_\_\_\_\_  
 \_\_\_\_\_
6. CONCESSIONS (List vendors, type of items sold, description of set-up, size; Include alcohol to be sold and dispensing vendor; Attach separate pages and or park map if necessary): \_\_\_\_\_  
 \_\_\_\_\_
7. ENTERTAINMENT & AMUSEMENTS: \_\_\_\_\_  
 \_\_\_\_\_
8. RADIO/TELEVISION ON-SITE (Amplified music, giveaways, games, gimmicks): \_\_\_\_\_  
 \_\_\_\_\_
9. OTHER: \_\_\_\_\_  
 \_\_\_\_\_



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**Parking & Traffic Control Plan:**

EVENT NAME:								
EVENT DATES & TIMES:								
PROJECTED ATTENDANCE:	Spectators:		Participants:		Officials:		Volunteers:	
MAXIMUM TICKETS:			ADMISSION FEE:			PARKING FEE:		
ON-SITE CONTACT:					CELL#:			
PARKS & REC. CONTACT:					CELL#:			

1. PARKING

- HOURS: \_\_\_\_\_
- GATES: \_\_\_\_\_
- CONTROLS: \_\_\_\_\_
- FLOW: \_\_\_\_\_
- ATTENDANTS: \_\_\_\_\_
- SAFETY MEASURES: \_\_\_\_\_
- COMMUNICATION: \_\_\_\_\_
- SIGNS & POSTINGS: \_\_\_\_\_

2. TRAFFIC CONTROL

- HOURS: \_\_\_\_\_
- LOCATIONS (Attach map if necessary): \_\_\_\_\_  
 \_\_\_\_\_
- CLOSINGS: \_\_\_\_\_
- CONTROLS: \_\_\_\_\_
- PATROL: \_\_\_\_\_
- COMMUNICATION: \_\_\_\_\_
- SIGNS & POSTINGS: \_\_\_\_\_



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**Security Plan:**

EVENT NAME:								
EVENT DATES & TIMES:								
PROJECTED ATTENDANCE:	Spectators:		Participants:		Officials:		Volunteers:	
MAXIMUM TICKETS:			ADMISSION FEE:			PARKING FEE:		
ON-SITE CONTACT:					CELL#:			
PARKS & REC. CONTACT:					CELL#:			

1. SECURITY

- HOURS: \_\_\_\_\_
- AGENCY: \_\_\_\_\_
- ROLE: \_\_\_\_\_
- POSTS: \_\_\_\_\_
- CONTROLS: \_\_\_\_\_
- SAFETY MEASURES: \_\_\_\_\_
- COMMUNICATION: \_\_\_\_\_
- TRANSPORTATION: \_\_\_\_\_
- OTHER: \_\_\_\_\_

2. LAW ENFORCEMENT

- HOURS: \_\_\_\_\_
- AGENCY: \_\_\_\_\_
- ROLE: \_\_\_\_\_
- POSTS (Attach map if necessary): \_\_\_\_\_
- CONTROLS: \_\_\_\_\_
- COMMUNICATION: \_\_\_\_\_