

SPECIAL EVENTS REQUEST FORM

EVENT: _____

Date: _____

Day (circle please): M T W Th F Sa Su

Time: _____

LOCATION OF EVENT: _____

SPONSORING ORGANIZATION (if Applicable): _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

CONTACT E-MAIL: _____

SPECIAL REQUESTS:

Item	Quantity
Trash Cans	
Road Barricades	
Cones	
Bleachers	
Picnic Tables	
Dance Floor	
Other:	

Comments:

Approved by _____

Date _____

Please drop off or send this form to the Village Hall: P.O. Box 336, Port Austin, MI, 48467

You may also e-mail it to villofpa@airadv.net