



2024 SPECIAL EVENT APPLICATION

4165 Columbia Valley Highway

Cultus Lake, BC V2R 5B5

604-858-3334

reception@cultuslake.bc.ca

APPLICANT INFORMATION

Applicant Name(s):

Name of Organization: Not-for-Profit Registered Charity Indigenous Organization Other

Mailing Address:

Telephone:

Cell:

Email:

SECONDARY CONTACT INFORMATION (if applicable)

Name:

Telephone:

Cell:

Email:

SPECIAL EVENT INFORMATION

Post on park website:

Date(s):

Name of Event:

Location(s) of event:

Hours of Event:

Private Event

Free Public Event

Ticketed Public Event

TYPE OF EVENT

Please check all that apply

Race/Walk/Cycle

Festival/Celebration

Farmers' Market

Parade

Concert/Performance

Fundraiser

Exhibits

Filming

Wedding

Other (please specify):

ESTIMATED ATTENDANCE		
Participants:	Spectators:	Volunteers/Staff:
SPECIAL REQUESTS Please note that all special requests are subject to staff review and require Board approval which must be submitted no later than 90 days prior to the event.		
FOOD TRUCKS / VENDOR(S)	<input type="radio"/> YES	<input type="radio"/> NO
Type of food vendor(s):		
Total vendors:	Serving participants/public <input type="checkbox"/>	Serving event staff only <input type="checkbox"/>
BEVERAGE GARDEN	<input type="radio"/> YES	<input type="radio"/> NO
Total occupancy:		
Location of beverage garden (please attach a map):		
Fencing details (height, type, etc.):		
Hours of operation:		
Security Company Name:		
Email:	Phone Number of Lead Officer:	
AMPLIFIED SOUND / MUSIC	<input type="radio"/> YES	<input type="radio"/> NO
Hours of use:		
Location of use:		
GENERATORS	<input type="radio"/> YES	<input type="radio"/> NO
Hours of use:		
Location of generator(s)		
What is the generator(s) providing power for?		
<input type="radio"/> PARTIAL HIGHWAY CLOSURE(S)	<input type="radio"/> FULL HIGHWAY CLOSURE(S)	<input type="radio"/> NO CLOSURE(S)
Hours of road use:		
Location of road use:		
Duration of delays (if applicable):		
Duration of closure (if applicable):		

FIRST AID ON SITE YES NO

May be required depending on the scope of your event

EVENT DESCRIPTION

PLEASE PROVIDE AN OVERVIEW OF THE EVENT BELOW AND ATTACH A MAP

ADDITIONAL REQUESTS

Washrooms open early	<input type="checkbox"/>	Time:
Washrooms closed late	<input type="checkbox"/>	Time:
Parking lot gates open early	<input type="checkbox"/>	Time:
Parking lot gates closed late	<input type="checkbox"/>	Time:
Portable washrooms	<input type="checkbox"/>	Quantity:
Garbage dumpsters	<input type="checkbox"/>	Quantity:
Swim line removal	<input type="checkbox"/>	
Community Hall	<input type="checkbox"/>	Dates:
Gazebo(s)	<input type="checkbox"/>	Please list A/B/C:
Parking Arrangements:	<input type="checkbox"/>	

By signing below, I acknowledge that the information provided is accurate and I accept all liability and responsibility for organizing and hosting a special event within Cultus Lake Park. I understand that it is my responsibility to provide the park office General Liability Insurance of no less than \$5 million dollars naming Cultus Lake Park as additional insured, payment of all special event fees and required certifications no later than five business days prior to the event date unless otherwise stipulated by park staff.

Applicant Signature: X	Date:
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Applicant Signature: X	Date:
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Date: _____ Approved by: _____

Approved? YES / NO

REQUIREMENTS CHECKLIST (OFFICE USE):

- Special Event Application fee received. Receipt #
- Special Event Application complete
- Security Plan submitted
- Map of event submitted
- Letter to Board submitted
- Board approval received
- Board approval letter sent
- Special event fees received. Receipt #
- Site visit scheduled. Date:
- Site visit complete
- Fraser Health certification submitted
- First aid certification submitted
- Insurance received
- Security deposit received. Receipt #
- Public Works site inspection complete
- Closing letter sent
- Security deposit reimbursed. Receipt #

Additional approved requests: