

**Special Event Request Form**

**Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requesting Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Participants Expected: \_\_\_\_\_\_\_\_\_\_\_**

**☐Preschool**

**☐Grade School**

**☐Middle/High School**

**☐College**

**☐Adult**

**☐Seniors**

 **Age Level: Type:**

**☐Public**

**☐Employees**

**☐Residents**

**☐Students**

 Please complete form and return to Yolanda Gonzalez: **ygonzalez@bethlehem-pa.gov** **or fax to 610-865-7326**

**Office Use Only:**

**BHB Event Participation ☐ Yes ☐No Date of Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BHB Lead Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Event Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assigned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommend to Attend in Future: ☐ Yes ☐No (to be completed by assigned staff)**