

CITY OF HAPPY VALLEY (COHV) "SPECIAL EVENT"/TOURNAMENT APPLICATION



Name of Event _____

Tournament Director or Primary Contact: _____

Contact Phone Number: _____/Email: _____

Address _____

Date(s) of Event: _____ Hours of Operation _____

Number of People expected to Attend: _____

Tournament Directors or primary contacts are required to provide COHV with tournament brackets and/or schedules within 72 hours (3 days) of the event (attach additional sheet)

Field(s) Requested _____

Tournament Fees:

\$300 per day for use of two fields (Add'l Fields \$100 per day/per field)

Will vendors be used? Yes No

If yes, please provide the vendor names and phone numbers: _____

Note: All vendors must obtain approval by the City of Happy Valley prior to the event (attach separate sheet if necessary). If approved, a vending permit requires the appropriate business license. Vendors must comply and hold proper permit with the Clackamas County Health/Food Services. COHV will retain a percentage of the gross revenue or flat fee of any vending operations unless other arrangements are negotiated. Fees may be waived if the renter is affiliated with a non-profit or school organization.

Parking Requirements:

It is required to have at least one person of authority at the event and in charge of parking and traffic control at all times. The person(s) must have the authority to cancel or greatly modify the event plans. Please list the name(s) of the person(s) who will be in charge during the event: _____

Vehicle parking is permitted in marked parking areas only. Parking in unmarked areas is permitted for loading and unloading only. PARKING ON GRASS IS STRICTLY PROHIBITED.

Please provide a description of how parking will be managed and a traffic control plan. Use the space provided to draw a diagram of the proposed parking and traffic plan (attach additional sheet if needed):

Traffic Control Plan:

Inquire about "Toilet Requirements" if more than 500 people will attend event.

Name of Applicant:

Signature of Applicant:

Date of Application: _____

FOR OFFICE USE ONLY:

Traffic Control Plan Approved: YES NO

"Special Event"/Tournament Approved: YES NO

PAID: _____

Authorized by COHV Employee: _____ Date: _____