



# Town of Falmouth Application for Special Events

## CONTACT INFORMATION

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

## EVENT DETAILS

Event Day & Date: \_\_\_\_\_  
 Rain Date: \_\_\_\_\_  
 Set-up Arrival Time: \_\_\_\_\_ am/pm (i.e. chairs, tents, barriers, etc.)  
 Event Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 Location Requested:  
 1<sup>st</sup> Choice: \_\_\_\_\_  
 2<sup>nd</sup> Choice: \_\_\_\_\_  
 Type of Event: \_\_\_\_\_  
 Number of Attendees: \_\_\_\_\_ Number of Vehicles \_\_\_\_\_  
 Will event include entertainment? Yes No What type: \_\_\_\_\_

## ADDITIONAL INFORMATION

*Please provide any additional detail of your event including requests such as use of restroom facilities, catering, parking requirements, music, route, etc.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Board of Selectmen

\_\_\_\_\_  
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