

EVENT BOOKING FORM

(For organised outdoor events on Public Roads, Streets, Footpaths, Walkways, Parks, Reserves, Beaches)

Please complete and return by one of the following methods: email to worksasset@napier.govt.nz; fax to (06) 834 4195; deliver in person to Works Asset Department, First Floor, Civic Building, 231 Hastings Street, Napier; or post to Works Asset Department, Napier City Council, Private Bag 6010, Napier 4142.

Today's Date: ____/____/____

Event/Location Details

Name of Event: _____

Location Required: _____

Location within Park/Reserve: _____

(Please indicate on the aerial photograph provided - if applicable.)

Number of people likely to attend: _____

Setting up Date: _____

Setting up Time: _____

Event Start Date: _____

Start Time: _____

Event Finish Date: _____

Finish Time: _____

Departure Date: _____

Departure Time: _____

Postponement Date(s) *(if required)*: _____

Nature of Event *(Please describe below what type of event this is, what will take place, etc. Please also attach any relevant supporting documents)*:

Would you like to advertise your event **for free** on the Napier i-SITE Visitor Centre website?

When you have received confirmation of your booking, go to the website www.napier.govt.nz keyword: #events

Event Organiser's Details

Name of Organisation: _____

Name of Organiser or Person responsible for the event: _____

Contact Address: _____

Telephone Number: (day) _____ (mobile) _____

Contact Email: _____

Specific Roading Requirements

Is a road closure required? Yes No

Specify Name(s) of Road(s)/Street(s): _____

Closure Times: From: _____ To: _____

Written approval from affected party(ies) attached? Yes No

Type of closure: Partial Full (*no access from and to road at all*)

If your event is a triathlon, cycling or road race, parade or promotion, is the course anti-clockwise?

Yes No

Proposed entry charge and use of funds: _____

Signs, cones used (*please describe, including number and size*): _____

Do you have a Traffic Management Plan (TMP)? Yes No

Will Marshalls be provided on each corner? Yes No

Event Equipment/Resources (Not supplied by Council)

The following items will be used (*please tick*):

Seating/tables	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number	_____
Ambulance on site	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Security on site	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Stage or large structures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number	_____
Exhibition stand	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Signage	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Loud Hailers	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Tent/Marquee/Caravan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number	_____
			Size (m ² of each)	_____

Event Equipment/Resources cont.

Fires/Fireworks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Sound equipment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Amplified music	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Use of vehicles	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Specify _____
Portaloos (not supplied by Council)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Number _____
Animals	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Specify _____
Security fences	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Number _____
Stage scaffolding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Amusement devices (e.g. rides)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Specify _____
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Specify _____

Event Special Requirements

Do you intend to supply or sell alcohol?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Licence obtained	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you intend to supply or sell food?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you intend to take up a collection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Licence/Permit obtained	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Specify _____
Public risk insurance arranged	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please attach a copy.
Safety Certifications obtained	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Service Delivery Requirements (Supplied by Council)

Extra litter bins required (\$6.80 per bin)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Number _____
Council toilets	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Soundshell - steps (to front of stage)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Soundshell - back stage access	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Water	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Specify _____
Gates opened	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Specify _____

Office Use Only

Available: Yes No Approved: Yes No Confirmed: Yes No

Signed

Restrictions/Conditions: _____

Please tick when completed:

Projects Events list	<input type="checkbox"/>		
Keys issued	<input type="checkbox"/>	Date:	Key #:
Keys returned	<input type="checkbox"/>	Date:	Key #:
Liquor Licence sighted	<input type="checkbox"/>		
Other Licences/Permits sighted/TMP approved	<input type="checkbox"/>		
Insurances sighted (copies on file)	<input type="checkbox"/>		
Bond received	<input type="checkbox"/>	_____	
Site inspected	<input type="checkbox"/>	_____	
Bond refunded	<input type="checkbox"/>	_____	
Depot notified	<input type="checkbox"/>		
Copies delivered to below people:	<input type="checkbox"/>		

Environmental Health Department; Works Asset Administration Officer/Receptionist; Planning Department