



Parks, Forestry & Recreation

Customer Service
Toronto City Hall
100 Queen St. West,
Main Floor East Tower
Toronto, Ontario M5H 2N2
www.toronto.ca
Fax: 416.392-1551

For Office Use Only
Date Received:
Contract Number:

Ward 18 Park Program Information

A. Information

Group Name

Contact Name Mr. Ms.
First Name Last Name

Address

No. Street Name Suite No.
City Province Postal Code

Contact Numbers Bus. () Ext. Fax. ()
Res. () E-mail

B. Program Information

Program Name

Is this an annual program Yes No Anticipated Attendance

Name of Park(s) Requested

Preferred area within park(s)

Name(s) of alternate park(s)

Date(s) of Program		Time(s) Required	
	From: (mm/dd/yy)	To: (mm/dd/yy)	To: hh:mm
1.	am <input type="checkbox"/> pm <input type="checkbox"/>
2.	am <input type="checkbox"/> pm <input type="checkbox"/>
3.	am <input type="checkbox"/> pm <input type="checkbox"/>
Alternate Date(s) (should the above dates be unavailable)			Alternate Time(s) Required
	From:	To:	To:
1.	am <input type="checkbox"/> pm <input type="checkbox"/>
2.	am <input type="checkbox"/> pm <input type="checkbox"/>
3.	am <input type="checkbox"/> pm <input type="checkbox"/>
<i>program</i> set-up to begin on:		, 20	at am <input type="checkbox"/> pm <input type="checkbox"/>
<i>program</i> clean-up to end by:		, 20	at am <input type="checkbox"/> pm <input type="checkbox"/>

C. Program Overview

Please provide an outline of the activities you plan to present in the park: *(Please include agendas and/or flyers that may be in place for your event)*

D. Foods, Goods and Acceptance of Donations

Please check all that apply:

- | | | | |
|-------|--|-------------------------------|---------------------------------|
| 1. | Goods or merchandise to be sold? (Provide a list of vendors) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. a) | Food and/or non-alcoholic beverages: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | b) If yes, will they be sold or served? | Sold <input type="checkbox"/> | Served <input type="checkbox"/> |
| 3. a) | Alcoholic beverages: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | b) If yes, will they be sold or served? | Sold <input type="checkbox"/> | Served <input type="checkbox"/> |
| 4. | Amusement rides and inflatable bouncers? (Provide a list of rides) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If alcoholic beverages are to be served/sold in conjunction with your *program* you will be required to do so in a contained area using snowfencing, barricades and/or fully enclosed tent(s).

Please be advised that you are required to review the Public Health Guidelines pamphlet for the service/selling and/or preparation of food. This information can also be found on line at www.toronto.ca/health. **Park programs can by pass this step by working directly with Recreation staff on site to meet public health standards*

Will donations in any form be solicited and/or accepted? Yes No

If yes, please specify the means of solicitation or acceptance:

If any items are to be sold or if any donations are to be accepted, please specify for what purpose these proceeds are being raised:

E. Installation of Tents and Stages

Do you plan to erect tent(s), stage(s) or any other structure(s) in the park? Yes No

If yes, please specify for what purpose:

Please specify how many you propose to erect and the dimensions of the structure(s):

Please note that any structure exceeding 646 square feet (60 metres) will require a permit from Building Services at 416-392-7539.

Will the structure(s) be freestanding? Yes No

(If your structure or any other event materials requires staking into the ground you will be required to contact *Ontario One* at 1-800-400-2255). Where in the park will the structure(s) be placed? *(This must also be shown on the map on page 4):*

F. Sound Amplification

Do you plan to use any device or mechanism to amplify sound? Yes No

If yes, please specify for what purpose:
.....

If amplification is for musical purposes, please specify what type of music: *(ie. live, recorded, etc.)*
(The maximum decibel level for amplified sound/music is 85)
.....

Sound Speakers to be used: Number: Size:

Date(s) of Usage:			Time(s) of Usage:	
	From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	From: hh:mm	To: hh:mm
1.			am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
2.			am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
3.			am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>

G. Electrical Access

Will you require access to electrical power? Yes No

If yes, please specify the purpose:
.....

Ampage/power that is required:

Is this access: Inside a park building?
Located outdoors within in the park?

If an electrical outlet is required inside a park building or outdoors within the park, please specify the precise location
(please be advised that electrical access is subject to availability in the park and/or building):
.....

Do you plan to augment existing park outlets in any way? Yes No

If yes, please specify how:
.....

I. Vehicle Access

Please note that vehicles are not permitted on City of Toronto parklands unless approval is granted by the Park Supervisor and on site Recreation Staff

J. SITE MAP of the set up of your program in the park.

Please attach a detailed map of your ^{program} set up in the area or location requested in the park. ↓

Signature of Group/Organization / Individual