



EVENT PLANNING QUESTIONNAIRE

Event: Start of Summer Celebration Harvest Fest Trunk or Treat Holiday Events
 Sidewalk Sales Other: _____

Participating Organization: _____

Contact Person: _____

Email: _____ **Phone:** _____

Activity Date(s): _____

Times: _____

Desired Location (Address if applicable): _____

Description of Activity: _____

Please check all that are included for your activity: Food Beverages

If you will have food or beverages, will you be: Selling / Serving Giving away

Please describe: _____

Are you licensed with the Health Department? Yes No

Please check all that apply for your activity:

Tent Tables Water Electricity

Tent Size: _____

PLEASE ATTACH:

- Site Map showing Activity Space
- Certificate of Liability Insurance with Rockford Chamber of Commerce and City of Rockford as additional Insured

Information provided on this questionnaire will be used by the Rockford Chamber of Commerce in reference to the above event. Any information provided will be included, as written, in advertising of the event as agreed upon. Any changes will need to be submitted within 45 days of the event to be listed accurately.