ROCKFORD
CHAMBER OF COMMERCE

EVENT PLANNING QUESTIONNAIRE

Event: ☐ Start of Summer Celebration ☐ Harvest Fest ☐ Trunk or Treat ☐ Holiday Events

☐ Sidewalk Sales ☐ Other: _____

CONTACT

Participating Organization: _____

Contact Person: _____

Email: _____ **Phone:** _____

Activity Date(s): _____

Time(s): _____

Desired Location: Please include address if applicable along with any closures needed (EX: Parking spaces)

_____

_____

Description of Activity: _____

_____

_____

LOGISTICS:

Set Up Day: _____ **Set Up Time:** _____

Will you have food or beverages in your activity? □ Food □ Beverages

How will you be doing the above? □ Pre-packaged □ Preparing on site

□ Selling □ Serving □ Giving away □ Other: _____

Are you licensed with the Health Department? □ Yes □ No

Please check all that apply for your set up:

□ Tent □ Tables □ Water requested* □ Electricity requested*

Tent Size: _____ Amps: _____

*Utilities are subject to fees for usage.

Rockford Chamber of Commerce
17 S Monroe St. | Rockford, MI 49341
616-866-2000 | info@rockfordmichamber.com

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PLEASE ATTACH:

- □ Site Map showing Activity Space, closures, etc.
- □ 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. All requests must be submitted at least 60 days prior to the event to be included in the permitting process.

NEW: All entities submitting for an activity at an event will be required to attend a pre-event logistics meeting to discuss set up, tear down, and other planning alongside the Chamber and City of Rockford representatives including Department of Public Services and Department of Public Safety. Information regarding this meeting will be sent the month prior to the 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.

Please note that requests submitted in Event Planning Questionnaire are not guaranteed and are subject to change upon review.

I hereby submit this questionnaire for review with the Rockford Chamber of Commerce, the applicable event planning committees, and City of Rockford and agree to adhere by all guidelines set forth by all entities regarding the event.

_____ _____

Signature Date

_____

Name (printed)

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