

**CARROLLTON PARKS, RECREATION, AND CULTURAL ARTS DEPT.**  
**Event Questionnaire**  
REC 47

Please answer the following for your event: Date: \_\_\_\_\_

1. Name of sponsoring organization: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name of person in charge: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

3. Goal of event: \_\_\_\_\_

4. Targeted age group for participation in your event: \_\_\_\_\_

5. Time of event (includes setup and removal): \_\_\_\_\_

6. Location of the event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

7. Needs from the Carrollton Parks, Recreation, and Cultural Arts Department (equipment, lights, etc.):

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

8. Activities Schedule: Example: (Time) 9:00-10:00 a.m. - (Description) Live Band

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

9. Give explanation of the events if not self explanatory: \_\_\_\_\_

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

10. Estimated total attendance: \_\_\_\_\_

11. Will you charge a fee or admission? \_\_\_\_\_ Will an offering be taken? \_\_\_\_\_

Will donations be solicited before the activity, at the activity, or after the activity? \_\_\_\_\_

**For CPRCAD use ONLY:**

This event request has been cleared with the following divisions:

Arts  Athletic  Programs  Parks  Facilities

**NOTE: This questionnaire must be fully completed and returned to the below address before your event will be considered.** CPRCAD, Reservations, P. O. Box 532, (30112) or 118 South White Street, Carrollton, GA 30117