

Lower Makefield Township Special Events Form

| Detailed Description: | | |
|---|-------------------|--------------|
| Marketing Plan: | | |
| Name: | | |
| Email: | | |
| Phone Number: | | |
| Agency Requesting Program: | | |
| Requested Date(s)/Time(s): | | |
| Speaker(s): | | |
| Will food be served if yes please list what will be served: | | |
| Anticipated Attendance: | | |
| Location Requested: | | |
| Frequency of Program: | | |
| Any additional comments or | concerns: | |
| For Internal Use Only | | |
| Park and Recreation Approval 8 | & Notes: | |
| Fire Department | Police Department | Public Works |
| Request Received on: Date Requested: | | |