



LOWER MAKEFIELD TOWNSHIP **Parks & Recreation**



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:

(OVER)

For Internal Use Only

Park and Recreation Approval:
Comments:

Fire Department Approval:
Comments:

Police Department Approval:
Comments:

Public Works Approval:
Comments:

Planning Approval:
Comments:

Requested Received On: _____

Date Requested: _____