



EVENT PLANNING QUESTIONNAIRE

Event: _____

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

d

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
- COVID-19 Practices & Guidelines you will have in place during this event, with the expectation that restrictions may or may not change prior to the event.