



LAKE CASITAS RECREATION AREA

APPLICATION FOR SPECIAL EVENT FACILITY USE

11311 Santa Ana Road Ventura, CA 93001

Phone: (805) 649-2233 Fax: (805) 649-4661

Applicant (Name): _____ Date: _____

Organization: _____

Applicant Address: _____

Business Phone: _____ Evening Phone: _____

Cell Phone: _____ Fax Number: _____

Contact Person on site or available by phone on day of event: _____

Phone: _____ Cell Phone or Pager: _____

List any professional or volunteer event organizer or event service provider that is authorized to work on behalf of the sponsoring organization to produce this event.

Name: _____ Phone: _____

Address: _____

EVENT INFORMATION

Type of event:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Run/Walk/Bike Tour | <input type="checkbox"/> Park Festival | <input type="checkbox"/> Disc Golf |
| <input type="checkbox"/> Camping Event | <input type="checkbox"/> Gathering/picnic (reunions, etc.) | |
| <input type="checkbox"/> Concert Production | <input type="checkbox"/> Other (specify) _____ | |

Facility Requested (Attach map or diagram if necessary):

- Event Area
- Picnic Area 1
- Santa Ana Ramp
- Coyote Ramp
- Campground(s) _____
- Other _____



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Event Title: _____

Event Dates: _____ - _____

Approx. Number of Spectators: _____

Approx. Number of Participants: _____

Approx. Total attendance: _____

Actual Event Hours: _____ am/pm to _____ am/pm

Will a staging/setup/assembly/construction location be required? _____ Yes _____ No

If yes, Date: _____ Starting time: _____ am/pm

Dismantling Date: _____ Start Time: _____ am/pm Completion time: _____ am/pm

Areas to be set up: _____

Description of the scope of setup/assembly work: _____

1. List all activities your group will engage in at the Park (Approval may be withheld for any activities not listed):

2. Will alcohol be sold at the event Yes No

If yes, I _____ will ensure that alcohol will only be consumed by adults of legal drinking age. Alcohol Beverage Control approval must be obtained and submitted to CMWD if alcohol will be sold, before approval can be made on this application. ABC licenses may be checked by law enforcement personnel during your event.

Signature of Applicant: _____ **Date:** _____

3. List all equipment that participants, officials & spectators of your event may wish to bring into the Park:

4. Vehicles cannot enter closed areas without special written permission. If you think you may need to drive into a closed area for loading or unloading or for any other reason, list below:

5. Describe in detail the type of advertising to be used to attract people to your event:



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6. Will any money be exchanged at your event? Yes No. Explain for what purpose (include entry fees, food sales, etc.):

Admission Fee	\$ _____ per person	\$ _____	Estimated Gross Receipts
Vendor Fees	\$ _____ per person	\$ _____	Estimated Expenses
Participant Fees	\$ _____ per person	\$ _____	Projected Revenues

Additional information on money exchange:

7. Are there any commercial or promotional activities associated with your event? Yes No. If Yes, explain:

8. Will you be using amplified sound equipment of any kind? Yes No, If Yes, explain:

9. Will you have a musical group of any kind? Yes No. If Yes, explain:

10. List two responsible adults who will attend the event and who will be responsible for the activities and conduct of all people who come to the Park to attend your event (including for setup and cleanup):

11. Will any event participants camp overnight in the event area during the event? Yes No.

If yes, how many units? _____ (6 people per unit maximum.) How many nights? _____ (See Agreement)

12. Will you be having animals in the event area? Yes No. If yes, please explain as to type, number, temporary corrals, etc. (See Agreement):

13. If you will be having animals, please provide the name, address and telephone number of a local veterinarian who has agreed to be a consultant on 24 hour call in the event of an emergency. (See Agreement):

14. Do you have transportation available at all times to transport the animal(s) out of the Park in the event of sickness, emergency or at the request of Park personnel? Yes No.

15. Will you be using any type of explosives for special affects during your event? Yes No. Please explain (See Agreement):

16. Will you be using a large tent where the public will gather during your event? Yes No. (See Agreement)



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17. Sponsor shall not discriminate against any qualified participant during the use of Casitas Municipal Water District's Recreation Area facilities for the event. (See Agreement)
18. Sponsor shall be in compliance with Title VI Federal Equal Opportunity Guidelines. (See Agreement)
19. Fees and charges are subject to change without notice. Fees will be based on the fee rates in effect on date of event.
20. Sponsor shall provide public liability insurance coverage in an amount of not less than 2 million dollars plus an additional 1 million dollars coverage if alcohol is to be served, as set forth in the Agreement. Please provide insurance information if known at the time of application:
 Name of Insurance Company: _____
 Agent's Name: _____ Business Phone: _____
 Policy Number: _____ Policy Type: _____
21. Event fee and security deposit shall be payable as set forth in the Agreement.
22. Sponsor shall enforce Park rules in the event area.
23. This application does not, by itself, constitute an agreement. An Agreement detailing requirements must be approved and executed by both parties in conjunction with the application.
24. The application is to be executed ninety (90) days prior to the event and the Agreement sixty (60) days prior to the event.
25. If this is the first time you will be holding your event at the Lake Casitas Recreation Area, list past experience of organizing events similar to this proposal:

26. State law prevents conducting games of chance at Lake Casitas. Please explain any activities which could be interpreted as a game of chance pursuant to State law:

27. Please list any other requests for services for your event:



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SECURITY, POLICE AND EMERGENCY SERVICE

Who will be responsible for security at this event?

- Sponsoring organization staff/volunteers
 Professional Security organization (please list):

Security Company: _____

Address: _____

Phone: _____

Security Director: _____

Security Responsibilities:

- Any searches prior to entering: Yes No
 Bottle and Can check for alcohol Yes No

How many Security Guards at each Entrance: _____

Number of Security Guards inside the Venue: _____

Do security personnel monitor parking? Yes No

How will Event / Staff Patrons be visibly different from the Public? _____

X _____
Signature of Applicant

X _____
Date

Office Use Only	Deposit Paid: \$ _____	Date: _____	Initials: _____	Cash/CC/Check # _____
	Remaining Balance: \$ _____	Remaining Balance Paid on: _____	Cash/CC/Check # _____	

Staff Comments- The following are required for this event prior to final approval:		
____ Complete description of event	____ Maps of event area or route	____ Camping Permits
____ County Encroachment Permit	____ Certificate of Insurance	____ Lighting Plan
____ Security Plan	____ Alcohol Beverage Control approval	____ Copy of Vendor Contracts
____ Other _____		