

SPECIAL EVENT PERMIT

APPLICANT

ADDRESS

CITY/STATE/ZIP CODE

EMAIL

CELL PHONE

HOME PHONE

PARK UNIT

Sonoma Coast State Park

LOCATION

Willow Creek

SPECIFIC USE

Day use; Hiking/Biking/Equestrian

DATE(S)

1/1/13 - 12/31/14

HOURS

Sunrise to Sunset

1. PURPOSE OF THE EVENT:

Day use

2. PARK AREA/FACILITIES TO BE USED:

Freezeout Flat

3. MAXIMUM NUMBER OF PEOPLE EXPECTED TO ATTEND THE EVENT AT ONE TIME AND METHOD FOR LIMITING ATTENDANCE (THE STATE MAY LIMIT THE MAXIMUM ATTENDANCE WITHIN ITS DISCRETION):

4. PLEASE ANSWER THE FOLLOWING QUESTIONS:

YES NO

Does the event involve the sale or use of alcoholic beverages?

Will additional fees be charged for participants (beyond regular facility fees)?

Will items or services be sold at the event?

Are there *any* other special conditions or requirements? (e.g., accessibility see page 2)

If you answered yes to any of the above questions or if liability insurance is required (see Special Event Permit Terms and Conditions), please complete and attach a DPR 246A, Special Event Permit Supplement. If none of the above conditions apply, please complete the signature block below.

I have read and accept the Special Event Terms and Conditions attached. I understand that the District Superintendent or authorized representative may terminate without prior notice any special event activity when it is necessary for the safety and enjoyment of the public, for the protection of the resources, or for violation of any rules or regulations of the Department of Parks and Recreation or conditions of this permit. I also understand that any Special Event Permit may be cancelled without notice in the event of disaster or unforeseen emergency.

SIGNATURE

DATE

FOR DEPARTMENT COMPLETION ONLY

*Department of General Services
Use Only*

TOTAL PERMIT FEES

\$0.00

COMMENTS

Day use access at Willow Creek - Sonoma Coast State Park

REVIEWED AND RECOMMENDED BY

DATE

TITLE

BUSINESS PHONE

()

ADDRESS

CITY/STATE/ZIP CODE

APPROVED BY

J. Donovan

(Jr)

DATE

05/06/2013

TITLE

Public Safety Superintendent

BUSINESS PHONE

(707) 865-3124

ADDRESS

PO Box 123

CITY/STATE/ZIP CODE

Duncasn Mills, Ca. 95430

DIRECTOR APPROVAL (for alcoholic beverage sale of more than 4 days only)

DATE