**Special Events Information Sheet, LMC Model Form**

*League staff thoughtfully develops models for a city’s consideration. Models should be customized as appropriate for an individual city’s circumstances in consultation with the city’s attorney. Helpful background information on this model may be found in the Information Memo* [*“Parks and Recreation Loss Control Guide”*](https://www.lmc.org/resources/park-and-recreation-loss-control-guide/)*.*

**This icon marks places where the city must customize the model. They offer additional provisions, optional language, or comments for your consideration. The icon, and language you do not wish to include, should be deleted from this model before use. Make other changes, as needed, to customize the model for your city.**

SPECIAL EVENTS Information sheet

*The following information sheet and checklist will help the city in evaluating risks prior to the special event by listing common problems associated with the proposed activities. Questions concerning the information provided in this memo can be directed to the LMCIT Loss Control Department at 651-281-4079 or 800-925-1122.*

Today’s Date: \_\_\_\_\_\_\_ Person completing this form: \_\_\_\_\_\_\_

Name of Event: \_\_\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_\_\_ Starting time: \_\_\_\_\_\_\_ Ending time: \_\_\_\_\_\_\_

Event Location: \_\_\_\_\_\_\_

Estimated Attendance: \_\_\_\_\_\_\_

Event Coordinator: \_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

Event Designated Media Spokesperson: \_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

Primary Sponsor of Event: \_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

Event Sponsors/Promoters:

\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

Facility Maintenance Contact: \_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

Fire Dept. Contact: \_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

Local Health Department Contact: \_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

Police Dept. Contact: \_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

Medical Response Contact: \_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

Property/Liability Insurer: \_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

Workers’ Compensation Insurer: \_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_

Special Events Coverage Insurer: \_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_