



PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland

PICNIC WORKSHEET/APPLICATION

CUSTOMER SERVICE CENTER 503-823-2525 | FAX 503-823-2515

CONTACT INFORMATION

CONTACT NAME:	IS THIS EVENT FOR AN ORGANIZATION <input type="checkbox"/> No <input type="checkbox"/> YES		
EMAIL:	ORGANIZATION NAME:		
STREET ADDRESS:	CITY:	ST:	ZIP:
PRIMARY PHONE:	SECONDARY PHONE:		
NAME OF EVENT:	EXPECTED ATTENDANCE?		
ARE YOU ADVERTISING THIS EVENT? <input type="checkbox"/> No <input type="checkbox"/> YES- STOP! THIS EVENT REQUIRES A SPECIAL USE PERMIT FROM PUBLIC EVENTS STAFF			
WILL YOU BE SELLING ANYTHING? <input type="checkbox"/> No <input type="checkbox"/> YES		WILL YOU BE COLLECTING ANY DONATIONS? <input type="checkbox"/> No <input type="checkbox"/> YES	

DATE & TIME: ALL PICNIC AREAS ARE RESERVED FOR THE FULL DAY ONLY 8AM – 9 PM
PLEASE SEE OUR PICNIC BROCHURE FOR DESIGNATED PICNIC SITES & FEE INFORMATION (Customer Service Center Only)

DATE (1 ST CHOICE):	AVAILABLE: Y: <input type="checkbox"/> N: <input type="checkbox"/>
DATE (2 ND CHOICE):	AVAILABLE: Y: <input type="checkbox"/> N: <input type="checkbox"/>
DATE (3 RD CHOICE):	AVAILABLE: Y: <input type="checkbox"/> N: <input type="checkbox"/>

LOCATION: ARE YOU BOOKING MORE THAN 1 LOCATION? Yes No

PARK (1 ST CHOICE):	LOCATION:	AVAILABLE: Y: <input type="checkbox"/> N: <input type="checkbox"/>
PARK (2 ND CHOICE):	LOCATION:	AVAILABLE: Y: <input type="checkbox"/> N: <input type="checkbox"/>
PARK (3 RD CHOICE):	LOCATION:	AVAILABLE: Y: <input type="checkbox"/> N: <input type="checkbox"/>

SET UP: PLEASE SEE THE PICNIC BROCHURE FOR FEES

<input type="checkbox"/> ALCOHOL (BEER & WINE ONLY) <input type="checkbox"/> GUESTS BRING THEIR OWN OR <input type="checkbox"/> HOST OR PROVIDE	<input type="checkbox"/> GAMES, VOLLEYBALL NETS, INFLATABLES, PONY RIDES, ETC. (CIRCLE ALL APPLICABLE ITEMS) ADDITIONAL FEES WILL BE ADDED & (NO STAKES ALLOWED)
<input type="checkbox"/> SOUND/ MUSIC TYPE:	<input type="checkbox"/> PORTABLE RESTROOM REQUIRED - 1 PER EVERY 125 PEOPLE
<input type="checkbox"/> ATHLETIC FIELDS: 2 HOURS LIMIT - TIME: ____ TO ____ <input type="checkbox"/> BALLFIELD (FEES VARY) <input type="checkbox"/> SPORTS FIELD (FEES VARY)	<input type="checkbox"/> VEHICLES (LOAD/UNLOAD ONLY) \$65.00 PER VEHICLE NUMBER OF VEHICLE PASSES REQUESTED: ____
<input type="checkbox"/> CANOPIES: NUMBER & SIZE: (NO STAKES ALLOWED)	<input type="checkbox"/> ADDITIONAL TABLES YOU WILL BRING TO THE PARK: NUMBER & SIZE:
<input type="checkbox"/> FOOD WILL THE EVENT BE <input type="checkbox"/> CATERED OR <input type="checkbox"/> POTLUCK?	<input type="checkbox"/> OTHER:
<input type="checkbox"/> ELECTRICITY: INCLUDED AT SITES WITH AN "E" IN THE BROCHURE. (KEY & DEPOSIT MAY BE REQUIRED)	<input type="checkbox"/> OTHER:

CUSTOMER SERVICE CENTER USE ONLY

DATE RECEIVED:	APPLICATION FEE: <input type="checkbox"/> \$ 22 <input type="checkbox"/> \$ 110 (SPECIAL) <input type="checkbox"/> \$ 220 (RUSH SPECIAL)
	USAGE FEE (S): <input type="checkbox"/> PICNIC \$ ____ <input type="checkbox"/> FIELD \$ ____ <input type="checkbox"/> OTHER \$ ____
	EXTRA FEES: <input type="checkbox"/> \$65 VEHICLE <input type="checkbox"/> \$185 OVERBOOKING
	REFUNDABLE DEPOSITS: <input type="checkbox"/> \$100 KEY <input type="checkbox"/> \$ ____ SECURITY

ENTERED BY:	TOTAL DUE:
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PAYMENT INFORMATION - IN ORDER TO HOLD A DATE & LOCATION, A MINIMUM OF THE APPLICATION FEE IS DUE WITH APPLICATION
IF FAXING APPLICATION PLEASE PROVIDE PAYMENT INFORMATION. DO NOT EMAIL CREDIT CARD INFORMATION

NAME AS IT APPEARS ON THE CARD:	AMOUNT AUTHORIZED: \$ ____
CARD NUMBER: _____ - _____ - _____ - _____	EXPIRATION DATE: ____ / ____