Print

2022 White Rock Special Event Application - Submission #21346

Date Submitted: 3/10/2022



2022 Event Applications Due Nov 15, 2021

If you have questions regarding filling out this form, please call 604-541-2252.

Name of the Event*	Date Requested for the Event*			
Picnic on the Pier	8/4/2022	5:30 PM —		
	8/4/2022	9:00 PM		
Event Description (to help us promote your event on o	ur event calendar e	etc.)*		
A special long-table dinner on the White Rock Pier where	all proceeds raise fu	nds for Peace Arch Hospital.		
Location(s) Request:*				
White Rock Pier				
┌─Do you have a Communicable Disease Plan?* ┐	Please upload	any relevant documents you have		
Yes	already (event poster, logo, liability insurance, site map, parking requests, communicable disease plan			
⊚ No	etc.)			
In-Progress	Choose File	Choose File No file chosen		
—In-person, Virtual or Hybrid Event?*	Ticketing/Adm	ission Info:*		
Please Choose One	Paid Registrati	Paid Registration/Tickets		
	select one that applies			
Hybrid (in-person + online component)				
In-person but will convert to online if needed due to pandemic				
□ In-person but will postpone event if needed due to pandemic				
Total Amount of People Involved in Event (Event		xpected attendance (Less Event Staff, s and volunteers)*		
Organizers, Event Suppliers/Vendors,Volunteers)*	Event Supplier	s and volunteers)		

Type of Event*				
Festival	Sporting Event (non run/walk)	ralk) ☐ Children/Family Focused ☐ Seniors Focus ☑ Fundraiser		
Fun Run/Walk	Arts Event			
Community Celebration	Cultural Event			
Private Vendor/Corporate Event				
low many times has this event o	occurred in WR?			
Four				
f you haven't had your event in the city	White Rock before, please describe t	the purpose of your event and relevance to		
EVENT LOGISTICS AND CITY SU	IPPORT REQUESTS			
-Special Event Category*	☐ City of N	White Rock support requested*		
		Check all that apply.		
© C - City as Supporter	☑ In Kin	nd Support (tents, barricades, etc.)		
See Special Event Policy #710	☐ Finan	Financial Contribution		
	 ▼ Prom	otion Only		
	Free I	Parking		
Please Provide More Details o	n Event Logistics*			
Please select all that apply	-			
Please select all that apply City Stage	City 6ft Tables	Using own/rental dance floor		
Please select all that apply City Stage City PA System	☐ City 6ft Tables☑ City Barricades	I plan to have food vendors		
Please select all that apply City Stage City PA System City Power	☐ City 6ft Tables☑ City Barricades☐ City Delineators	✓ I plan to have food vendors✓ I plan to have sales (raffle,		
Please select all that apply City Stage City PA System City Power City 10x10 tent(s)	☐ City 6ft Tables☑ City Barricades☐ City Delineators☐ City Stanchions	✓ I plan to have food vendors✓ I plan to have sales (raffle, merch, artisans etc.)		
Please select all that apply City Stage City PA System City Power City 10x10 tent(s) City 20x20 tent(s)	 □ City 6ft Tables ☑ City Barricades □ City Delineators □ City Stanchions ☑ Using own/rental PA System 	✓ I plan to have food vendors✓ I plan to have sales (raffle,		
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Please select all that apply City Stage City PA System City Power City 10x10 tent(s) City 20x20 tent(s) City Folding Chairs Upload your proposed budget * Budget for City Event Application.de	☐ City 6ft Tables ☐ City Barricades ☐ City Delineators ☐ City Stanchions ☐ Using own/rental PA System ☐ Using own/rental stage	 ✓ I plan to have food vendors ✓ I plan to have sales (raffle, merch, artisans etc.) ✓ I plan to sell or serve liquor ✓ I plan to have 		
Please select all that apply City Stage City PA System City Power City 10x10 tent(s) City 20x20 tent(s) City Folding Chairs Please include details on how your	City 6ft Tables City Barricades City Delineators City Stanchions Using own/rental PA System Using own/rental stage	 ✓ I plan to have food vendors ✓ I plan to have sales (raffle, merch, artisans etc.) ✓ I plan to sell or serve liquor ✓ I plan to have 		
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APPLICANT INFORMATION

Name of Applicant*		Email Address*	
Vicki Brydon	//	vicki@pahfoundation.c	a //
Address			
15521 Russell Ave			
City		Province	Postal Code
White Rock		British Columbia	V4B 2R4
Mobile Number*		Business/Organization behalf of:	n/Society you are applying on
6046792011		Peace Arch Hospital Fo	oundation //
Not for profit society?*	Society Number Charitable #12731 1348 RR0	001	
no no			
in progress			

IMPORTANT Insurance requirement:

The Corporation of the City of White Rock, 15322 Buena Vista Avenue, White Rock, BC V4B 1Y6), must be named as an additional insured on your liability policy; The amount of the liability insurance shall not be less than \$5,000,000 (or more depending on your request); The insurance policy cannot be cancelled unless the City is notified in writing 30 days in advance; and a Cross Liability Endorsement noted