Roller Skating Event Permit Application

Event Details	
Event Name	
Event Date	
Event Time	
Location	
Expected Number of Attendees	
And the seast to financiate or	
Applicant Information Organization Name	
Cigalization Name	
Contact Person	
Contact Phone	
Contact Email	
Contact Linaii	
Event Description	
Brief Description	
Safety & Logistics	
Will there be adult supervision?	
Will madical compart be available on site?	_
Will medical support be available on-site?	•
Do you have event insurance?	<u>•</u>
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