

George C. Brown
Mayor

WILKES-BARRE CITY



PENNSYLVANIA

Special Events, 4th Floor, City Hall
40 East Market Street
Wilkes-Barre, PA 18711
Phone: 570.208.4149
Fax: 570.208.4101
Email: msslusser@wilkes-barre.pa.us

Mike Slusser
Special Events Coordinator
and Licensing Administrator

SPECIAL EVENTS REQUEST FORM

- Complete the Special Events Request Form below and return it by email msslusser@wilkes-barre.pa.us, fax (570.208.4101), or mail it to: **Special Events, City Hall, 40 East Market Street, Wilkes-Barre PA 18711.**
 - If event is a Run/Walk: Provide description of the route for the run/walk with your application.
 - If food will be served at the event, you will need to contact the Health Department at 570.208.4268.
- Provide the City with Proof of Insurance, naming The City of Wilkes-Barre as an additional insured for the event.
- Sign and return required Indemnity Agreement, provided to you by the City.
- Provide payment via Check or Money Order payable to The City of Wilkes-Barre. Please see fee schedule below and available on our website at: www.wilkes-barre.city/planevent
- Await event confirmation from Special Events Office.
- Follow all city rules during your event, including: Alcoholic Beverages are NOT permitted in City Parks. The event holder is responsible for removing all recyclables and cardboard generated by the event. Please use designated parking lots only! You may not drive through the park at any time. No vehicles may be parked at the pavilions or ball fields.

Organization Name _____ Contact Person _____

Street Address _____ City/State/Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Event Details	
Requested Date of Event:	
<i>Rain dates will not be reserved. If your event is rained out, then you may call to reschedule another date.</i>	
Requested Time of Event (Start-Finish):	
Estimated Number of People Attending:	
Type of Event:	<input type="checkbox"/> Parade <input type="checkbox"/> Walk/Run* (*Please Provide Route) <input type="checkbox"/> Party <input type="checkbox"/> Festival
<input type="checkbox"/> Other—please describe:	
Will food be served at the event? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please contact the Health Department at 570.208.4268	

Location of Requested Rental Site:	Rental Price	Check to Select
Kirby Park Pavilion #1 (by softball fields)	\$75 Payment + \$50 Refundable Deposit	
Kirby Park Pavilion #2/ Martz Amphitheater	\$75 Payment + \$50 Refundable Deposit	
Kirby Park Pavilion #3 (by playground)	\$75 Payment + \$50 Refundable Deposit	
Wedding at Martz Amphitheater in Kirby Park	\$100 Payment + \$50 Refundable Deposit	
Kirby Park or Coal Street Park Field Rental	\$100 per field, per day	
Other City Park	\$100 per day	
Public Square	\$300 per day	
Other Location—please describe:		

Approved by Special Events Coordinator
Approved by Health Director
(Events with Food Distribution)
Approved by City Administrator
Approved by Mayor

Signature: _____
Signature: _____
Signature: _____
Signature: _____

Date: _____
Date: _____
Date: _____
Date: _____