

SPECIAL EVENT APPLICATION FORM  
TOWN OF KEYSVILLE  
434-736-9551

EVENT NAME: \_\_\_\_\_

SPONSOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PURPOSE OF  
EVENT: \_\_\_\_\_

DATE/TIME OF EVENT: \_\_\_\_\_

HOURS OF SET UP AND CLEAN UP \_\_\_\_\_

PROJECTED NUMBER OF  
ATTENDEES: \_\_\_\_\_

MUSIC? \_\_\_\_\_

PERFORMANCE TIME AND LENGTH \_\_\_\_\_

FOOD SALES? \_\_\_\_\_

TYPE, QUANTITY \_\_\_\_\_

TRASH REMOVAL AND CLEAN UP  
PLAN \_\_\_\_\_

\_\_\_\_\_