

LARGE GROUP REQUEST FORM

RESPONSIBLE PROPERTY OWNER: _____

ADDRESS: _____

SUBDIVISION: _____ LOT # _____

TELEPHONE #: _____

DATE OF FUNCTION: _____

TIME OF FUNCTION: _____
start end

PLACE OF FUNCTION: _____

TYPE OF FUNCTION: _____

ESTIMATED NUMBER OF GUESTS: _____

ESTIMATED NUMBER OF VEHICLE PASSES: _____

COLOR OF PASSES: _____ FOR OFFICE USE

_____ Responsible Member must provide the L.C.P.O.A. office with a copy of Proof of Insurance listing the L.C.P.O.A. as "an additional insured". (said policy copy is attached to this form)

_____ Alcohol will not be served at this event.

I HEREBY ASSUME FULL RESPONSIBILITY FOR ALL PARTIES ATTENDING THIS EVENT:

Responsible Member - SIGNATURE

DATE

CC: SECURITY

L.C.P.O.A.