

APPENDIX "A"

ORGANIZERS SPECIAL EVENTS APPLICATION (To be filled out by Event Organizer)

Name of event: _____

Organization: _____

Contact Person: _____ Phone #: _____

Location of event: _____

Date and Duration of Event: _____
Month/Day/Year

Emergency Phone # During Event: _____

Will food be supplied? Yes _____ No _____

If yes, Appendix B and C must be completed and faxed to the Brant County Health Unit @ 519-753-2140 or email to email@bchu.org

Will Hydro be supplied? Yes _____ No _____

If yes, what type? (ie. municipal, generator etc.)

What is your water supply on site? _____

Proposed attendance: _____

Washrooms: # of Men's _____ # of Women's _____

Type: (fixed, portable, etc) _____

Garbage/waste disposal arrangements _____

It is the responsibility of the organizer to ensure that **ALL** food vendors receive a copy of Appendix "D" "Special Event Vendor Checklist". This can be obtained in person at the Brant County Health Unit or online at www.bchu.org.