**INSURANCE REQUEST FORM**

NAME OF HOME AND SCHOOL:

ADDRESS:

CONTACT: NAME:

EMAIL:

PHONE:

NAME OF EVENT: DATE / RAINDATE:

START/FINISH TIME: NUMBER OF VOLUNTEERS (TOTAL):

ADDRESS WHERE WILL EVENT TAKE PLACE (IF ADDRESS DIFFERENT FROM SCHOOL):

TYPE OF EVENT: (FAMILY, ADULT OR OTHER:)

# OF PEOPLE EXPECTED TO ATTEND:

WILL LIQUOR BE SERVED? HAS LIQUOR PERMIT BEEN APPLIED FOR?

WHO WILL SERVE LIQUOR? (VOLUNTEERS OR CATERER)

WHAT WILL BE DONE WITH REGARD TO MONITORING OF DRINKING?

CONFIRMATION THAT AGE WILL WILL BE VERIFIED AND RESPECTED?

WILL FOOD BE SERVED? IF YES, WHO IS PROVIDING FOOD?

IS MENU HOT OR COLD IS FOOD BEING SOLD?

WILL THERE BE INFLATABLES? HOW MANY?

NUMBER OF VOLUNTEERS PER INFLATABLE?

OTHER DETAILS: