

## **Special Event Authorization Form**

EVENT:	
DATE:	
Person(s) In charge:	
Phone #:	
Email:	
Street Address:	
City, State, Zip-code	
TIME Span:	
AHA Site:	
Speakers:	
Strategy:	
Security to be used at the Event :	
Food served at Event:	
Supplies needed:	
Other Information:	
Completion Checklist (initial each line):  Forward AHA a current copy of Liability Insurance for at least \$1,000,000.  Forward AHA a copy of the flyer that will be distributed specifying date, time, and location of the event.  The organization is responsible for posting, copying and/or distributing flyers to the residents.  The organization's Authorized Representative has read the Event Regulation Form (see back) and ensures the organization and its members/volunteers complies with the event requirements and understands their responsibilities.  The organization is responsible for the set-up and clean-up of an event or activity.	
Authorized Representative's Signature and Title  My signature certifies that I have read the Special Event Authorization Form and agree to comply with all of the requirements as outlined on the form and included on the Event Regulation Form.	
Auburn Housing Authority Use Only	
Requested By:	
Reviewed By:	
Approved By:	
AHA Staff On-Site During Event	