

Whiz Bang Days Event Application

Due June 1st, 2021

Please ensure this form is completed in its entirety

1. Provide name(s), address(es) and phone number(s) of people in charge of the event

Name (1)

Address

Phone

Organization

Name (2)

Address

Phone

Organization

2. What is your event? _____

3. Requested Date of Event: _____

*Dates must be between July 8-11th

4. Will this event be virtual or in person _____?

5. Requested Location of Event (for virtual how will it be hosted?): _____

6. Requested time of Event (including set up and tear down): _____

7. Will there be Entertainment? ___ Yes ___ No | Requested time of Entertainment: _____

If yes, please explain: _____

8. Will beer/alcoholic beverages be consumed? ___ Yes ___ No | Time served: _____

If yes, describe type and quantity: _____

9. Will food or beverages be sold? ___ Yes ___ No | Time Served: _____

If yes, give details: _____

10. Will Guests be charged an admission fee? ___ Yes ___ No ___

11. How does this event benefit/contribute to Whiz Bang Days?

Any other notes:

Whiz Bang Comments/Approval: _____

City Staff Comments/Approval: _____

City Council Approval: _____

Return form to robbinsdalewhizbangdaysevents@gmail.com OR PO Box 22385 Robbinsdale, Minnesota 55422