

## SPECIAL EVENTS REQUEST FORM SOUTHERN MARYLAND RECREATIONAL

Return Completed Form To:	Cedarville State Forest 10201 Bee Oak Rd. Brandywine, Md. 20613 301-888-1410 Fax: 301-579-6472
Date Request Made:	
(Park requires at least 30 days advance notice of e	event to be considered for approval)
Event Name:	
Park Location:	
Proposed Date and Time of Event:	
Description of Event:	
Fees associated with your event? Yes	☐ No ☐ Amount:
Specialized equipment or vehicles (gene	erators, trailers etc. )
Anticipated Attendance:	
Number of Vehicles on site:	
<b>Event Contact Person:</b>	Phone #'s:
Address:	
Signature:	Date:
• • •	orm is not completed and submitted in a timely fashion and the Park reserves

## **BELOW FOR PARK USE**

Assigned to:	Date received:
Date Contact made:	
Additional comments/notes:	
Total Service Charges or Fees by Park:	Amount Paid \$
Receipt# and Date:	
Event Approved Yes/No	
Signature of Park Representative:	