

Parks and Recreation Department  
2446 Fort Tuthill Loop Rd.  
Flagstaff, AZ 86001  
(928) 679-8026  
FAX(928) 913-0750  
Coconino.az.gov/parkevents



## Fort Tuthill County Park Event Application

Event Applications are processed in the order received and preference is given to organizations that are in "Good Standing," rate high in the Events Criteria and are established as an annual event. Applications must be submitted by the deadline according to the event level and will not be reviewed after that deadline. If any portion of the application is incomplete, **including the application fee of \$25**, the proposed event WILL NOT be considered until a complete application is submitted. **Submitting this request does not guarantee dates or use of facility.** Full Payment will be required after a contract is issued. Do not submit deposit, rental, and service payment with your application. Only the \$25 application fee is due when application is submitted. Policies and other facility rental information are available to download at [www.coconino.az.gov/parkevents](http://www.coconino.az.gov/parkevents).

### Contact and Event Information

Event Title: \_\_\_\_\_

Business/Org Name: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Event Producer: \_\_\_\_\_

Event Producer Phone: \_\_\_\_\_ Event Producer Email: \_\_\_\_\_

On-Site Contact (if different from Event Producer): \_\_\_\_\_

On-Site Contact Phone: \_\_\_\_\_ On-Site Contact Email: \_\_\_\_\_

Is this a new event?  Yes  No If yes, do you propose this is an annual event?  Yes  No

Is this a returning event?  Yes  No If yes, how many years have you been holding this event? \_\_\_\_\_

Will this event be:  Open to the Public  Private

Type of Organization producing PUBLIC event:  For Profit  501(c)3 Non-Profit

**Tax ID # REQUIRED: \_\_\_\_\_ A Copy of your non-profit, tax exempt status is required to receive non-profit status.**

Move-In Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Move-Out Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

## Event Information

Anticipated DAILY Attendance/Participants: \_\_\_\_\_

Anticipated TOTAL Attendance/Participants: \_\_\_\_\_

**List three facility references. This is REQUIRED if this is your FIRST time renting Coconino County Parks and Recreation Facilities.**

Facility Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Contact: \_\_\_\_\_

### Facilities Requested (Check all that apply. See Fee Schedule for current rates.)

Entire Fort Tuthill County Park

Fairgrounds

Asphalt Area & Stage

#10 Floriculture Bldg

#12 Ag/Hort Bldg

#13 4-H Bldg

#14 Youth Bldg

#15 Home Ec. Bldg

#16 Schools Bldg

Livestock Barn (s)

(list #4-9) \_\_\_\_\_

Llama Pavilion

Beverage

Concessions Bldg

Entire Fairgrounds Complex

Commercial Building

Commercial Bldg Restrooms Only

Carnival Lot

Parking Lot (As an event venue; not for attendee parking)

Main Fairgrounds Lot

North Fairgrounds Lot

Grandstands Lot

Campground Check-In Date: \_\_\_\_\_ Check-Out Date: \_\_\_\_\_

Entire Group

Group #: \_\_\_\_\_

Overflow

Entire Main Campground

Picnic Ramadas (All tables are bolted to the ground)

Date (s): \_\_\_\_\_

Cochise

Maricopa

Navajo

Yavapai

Posse

Entire Equestrian Complex

Grandstands

Blacktop Area Only

Main Arena

Race Track

Announcers Booth

Restrooms

Racing Office

Crow's Nest

Secretary Building

Jockey Building

Round Arena

Motorsports Arena

Posse Arena

Camping Adjacent to arena

(Only with rental of Posse Arena)

Soldiers & Bridge Trail

Multi-Use Outdoor Area

Natural Area (describe)

**Additional Services Requested (services and equipment are subject to availability)**

**Check all that apply. See Fee Schedule for current rates.**

**Metal Folding Chairs:**  
QTY/Location: \_\_\_\_\_

**Ticket Booth:**  
QTY/Location: \_\_\_\_\_

**Additional Trash Receptacles:**  
QTY/Location Trash: \_\_\_\_\_  
QTY/Location Recycling: \_\_\_\_\_

**Additional Picnic Tables:**  
QTY/Location: \_\_\_\_\_

**Additional Bleachers:** \_\_\_\_\_  
QTY/Location: \_\_\_\_\_

**PA System:**  
QTY/Location: \_\_\_\_\_

**Storage** (Before or After event)  
Date/Time: \_\_\_\_\_  
What will be stored: \_\_\_\_\_  
\_\_\_\_\_

**Rectangular Tables:**  
QTY/Location: \_\_\_\_\_

**Spider Box:**  
QTY/Location: \_\_\_\_\_

**Trash Can Liners (100 per case)**  
QTY/Location of case(s): \_\_\_\_\_

**Removal/Relocation of Picnic Tables:**  
Date removed/Location: \_\_\_\_\_

**Removal/Relocation of Bleachers:**  
Date removed/Location: \_\_\_\_\_

**Arena Lights:**  
Date/Time Needed: \_\_\_\_\_

**CCPR Staff Assistance**  
(Submit schedule in advance. Subject to availability)  
 **OUTSIDE** the hours of 7 am and 5 pm  
 **DURING** the hours of 7 am and 5 pm

**Approximate schedule requirements MUST be submitted with application for water and harrow.**

**Arena Harrowing (non-equestrian use)**  
Date/Time: \_\_\_\_\_

**Arena Watering (non-equestrian use)**  
Date/Time: \_\_\_\_\_

Other facility service or equipment needs not listed above (additional fees may apply)

\_\_\_\_\_

**Event Questions for ALL Facility Renters**

**Restrooms:** Each Facility Renter is responsible for restroom maintenance during and after the event. If restrooms do not come with the facility, facility renter is responsible for providing and re-stocking all restrooms during and after the event.

**Trash Collection and Removal:** CCPR does not provide trash collection or removal. Facility renters are responsible for providing trash removal during and after the event. Small trash cans are provided with each facility but dumpsters and commercial sized trash bins are the responsibility of the facility renter.

How many portable restrooms and hand washing stations will you have available (recommended: 1 for every 100 people) \_\_\_\_\_

How many trash dumpsters will you have? QTY: \_\_\_\_\_ Size: \_\_\_\_\_ Delivery date: \_\_\_\_\_ Pick-up date: \_\_\_\_\_

Will there be any items sold?  Yes  No If yes, please list what items will be sold (example: tack, food, clothing, etc)

\_\_\_\_\_

How many total vendors will you have? \_\_\_\_\_ How many vendors need (list QTY) water \_\_\_\_\_ Electric \_\_\_\_\_

Will there be carnival/amusement rides?  Yes  No

If yes, list company (s) address and phone number. (Additional Insurance is required.) \_\_\_\_\_

What is the nature of the event activities?

Educational  Competitive  Spectator  Participatory  Other \_\_\_\_\_



## Equestrian Event Questions ONLY

Will you have a Stables Manager on site?  Yes  No

(An event stables manager is REQUIRED to be located near the entrance of the stables. A sign/banner must be displayed stating: "Event Stables Manager" or "Event Check-In." It is the responsibility of the renter to provide a sign.)

Stables Manager Name: \_\_\_\_\_ Stables Manager Phone: \_\_\_\_\_

Total Stalls Requested:

Covered Stalls QTY: \_\_\_\_\_  Uncovered Stalls QTY: \_\_\_\_\_ Total # of Stalls = \_\_\_\_\_

Please list your barn preference (CCPR Stables Manager will have FINAL approval)

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Move-In Date(s):	Hours:	# of Stalls
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Event Date(s):	Hours:	# of Stalls
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Move-Out Date(s):	Hours:	
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Will individuals camp in the Stables?  Yes  No

If yes, How many tents? \_\_\_\_\_ How many RV's? \_\_\_\_\_

**When CCPR has shavings available, facility renter must purchase from CCPR. If shavings are NOT available, facility renter may sell their own. If shavings are provided to event participants as part of their registration fees, they are subject to CCPR fees. (See current fee schedule for rates)**

How many bags of shavings do you expect to be used? \_\_\_\_\_ total # of bags.

**Location of restrooms/hand washing stations, dumpsters and vendors all need to be identified in the Event Management Plan and included on a map.**

How many portable restrooms and hand washing stations will you have available in the STABLES (recommended: 1 for every 100 people) \_\_\_\_\_

How many manure dumpsters will you have? QTY: \_\_\_\_\_ Size: \_\_\_\_\_ Delivery date: \_\_\_\_\_

Will there be any items sold?  Yes  No If yes, please list what items will be sold (example: tack, food, clothing, etc)

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How many total stables vendors will you have? \_\_\_\_\_

How many stables vendors need (list QTY) water \_\_\_\_\_ Electric \_\_\_\_\_

**CCPR's Equipment Operator's schedule is 7am - 4pm. If their presence is needed outside of normal business hours, you are required to submit a schedule along with your Event Management Plan.**

**In the Event Management Plan please include what time the arena needs to be prepped and ready each day. CCPR staff fees will apply to any time needed outside of 7am - 4pm. Additional time is subject to availability.**

Additional Arena Harrowing

Additional Arena Watering

How would you like the arena footing? (depth, texture, etc) \_\_\_\_\_

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## Event Management Plan

**A detailed Event Management Plan MUST BE submitted with each application. Applications submitted with insufficient detail will not be accepted.**

**An Event Management Plan should be illustrative, detailed and descriptive site plan of the event area. When applicable, the plan should include the following items. Please use facility maps to complete the site plan.**

**Maps can be downloaded on-line at [www.coconino.az.gov/parkevents](http://www.coconino.az.gov/parkevents).**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Stage (s)/Amplified sound equipment  | <input type="checkbox"/> First Aide Stations  | <input type="checkbox"/> Routes for trail use       |
| <input type="checkbox"/> Liquor distribution/Control areas  | <input type="checkbox"/> Electrical Services/generators                             | <input type="checkbox"/> Temporary Fencing          |
| <input type="checkbox"/> Merchandise/Food vendors   | <input type="checkbox"/> Portable toilets and hand washing stations                 | <input type="checkbox"/> Bleachers                  |
| <input type="checkbox"/> Vendors/Booths   | <input type="checkbox"/> Temporary water service                                    | <input type="checkbox"/> Picnic Tables              |
| <input type="checkbox"/> Controlled Access/Admissions   | <input type="checkbox"/> Emergency Access   | <input type="checkbox"/> Smoking Section            |
| <input type="checkbox"/> In/Out gates   | <input type="checkbox"/> Tents/Canopies (weights must Be provided, no staking down) | <input type="checkbox"/> Cooking areas              |
| <input type="checkbox"/> Activity/Amusement areas   |   | <input type="checkbox"/> Other temporary structures |
| <input type="checkbox"/> Trash containers and/or dumpsters  |   |   |
| <input type="checkbox"/> Other related event components not listed above, such as VIP accommodations, Lost Children, Emergency. |   |   |

**Traffic and parking control may be deemed necessary at the sole discretion of CCPR. CCPR may elect to manage parking and traffic control and charge a fee per vehicle. CCPR will retain all fees.**

**By signing and submitting the Event Application, the applicant vows that the information therein is complete and accurate. If determined that any information on the application is false or incomplete, such falsifications or incomplete information may result in refusal of the application for said event.**

**If any portion of the application is incomplete and the application is submitted without the application fee of \$25, the proposed event will not be considered until a complete application is submitted. Coconino County Parks and Recreation reserves the right to refuse any event. This form is for application purposes only and does not guarantee the availability of either venue or dates requested.**

**By signing below I attest to being aware that the associated documents (fees, rules, and policies) are available online at [www.coconino.az.gov/parkevents](http://www.coconino.az.gov/parkevents) and in hard copy, if requested by calling Coconino County Parks and Recreation at (928) 679-8000. I understand it is my responsibility to read, ensure I understand, and uphold the Coconino County Parks and Recreation Rental Policy and the Special Events—Facility Rules, Policies and Procedures.**

**Print Applicant Name:**

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**Signature of Applicant:**

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**Date:**

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