



STATE PARKS & HISTORIC SITES

Chapter Friends Organization (CFO) Event Application

***ALL APPLICATIONS MUST BE SENT IN AT LEAST TWO WEEKS BEFORE
THE EVENT FOR REVIEW.**

Event Date:_____ State Park/Site:_____

CFO Contact Name:_____

Contact Phone: Home_____Work_____Cell_____

Type of Event:_____

Does the proposed event (check if applicable):

____ Impact site visitors by restricting access or closing public use areas or facilities?

____ Require access to restricted areas or facilities?

____ Require special hours?

____ Require site staff supervision or oversight?

____ Have the potential for profit?

____ Require restoration of site resources?

____ Involve the use of artifacts or historic structures?

____ Involve preparation or sale of food to public?

____ Present possible risk of personal injury or property damage?

Demonstrating involved? Yes_____ No_____

Electricity required? Yes_____No_____ (must provide own extension cords)

***ACTIVITIES REQUIRING STATEWIDE FRIENDS APPROVAL** (check all that may be involved / included in the above mentioned CFO event):

- | | |
|---|---|
| <input type="checkbox"/> Parade sponsored by Friends | <input type="checkbox"/> Carnival or fair w/ mechanical rides |
| <input type="checkbox"/> Aircraft | <input type="checkbox"/> Rock/hip-hop/rap concert (with greater than 500 people) |
| <input type="checkbox"/> Motorcycle runs | <input type="checkbox"/> Contact sports (not foot races) |
| <input type="checkbox"/> Automobile rally | <input type="checkbox"/> Political rally |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Will last more than 5 days |
| <input type="checkbox"/> Animals (not house pets) | <input type="checkbox"/> Will have more than 500 people |
| <input type="checkbox"/> Liquor serving / consumption | <input type="checkbox"/> Has activities sponsored by third party telemarketing, direct mail, or internet advertising (including spam) firms |

Description of activity: _____

Special requests: _____

Fee amount charged to participants: _____

Amount of revenue CFO will receive: _____

In reference to the Cooperative Agreement between Statewide Friends and the Department of Natural Resources, Statewide Friends and its CFOs are liable for their negligent acts or omissions and for their breaches of the Agreement. Statewide Friends and its CFOs are not liable for losses resulting from the sole negligence of the State.

Signature (CFO Representative)_____Date_____

Signature (Site Manager)_____Date_____

Signature (Region Manager)_____Date_____
(may be electronic approval for Region Manager)

After approval chain has been completed, a fully executed copy of this application should be forwarded to the Division's Contract Specialist, Mallory Barfield, at:
Division Headquarters
2600 Hwy 155 SW, Suite C
Stockbridge, GA 30281
E-mail: mallory.barfield@gadnr.org
Phone: 770-389-7258

IF THE EVENT INVOLVES / INCLUDES AN ACTIVITY REQUIRING STATEWIDE FRIENDS APPROVAL, AS DESIGNATED ABOVE, THIS APPLICATION WILL BE FORWARDED BY THE DIVISION'S CONTRACT SPECIALIST TO THE EXECUTIVE DIRECTOR OF STATEWIDE FRIENDS:

**If any of the activities under the "Activities Requiring Friends Statewide Approval" section were checked, this application MUST be signed and approved by the Friends Executive Director, Andy Fleming, before the event can take place.*

*Signature (Friends Executive Director)_____Date_____

Andy Fleming
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