

## Stormont Yacht Club Special Events/Occasion Request Form

As the organizer(s) of a non-sanctioned or non-sponsored SYC event, you are expected to be knowledgeable of SYC policies, to accept all responsibility related to this event, including all fire and safety regulations, costs, organization, set-up and cleaning, the behavior of your guests and any damages that may be caused as a result of your guests behavior. The event should not affect the everyday activities of SYC members. Guest are not to be left unattended at any time. Charges for extra cleaning will be billed to the host(s). Should you be posting any fliers at your place of work or organization SYC does not authorize the use of the Stormont Yacht Club Logo

### Organizer(s) Contact Information

Host(s) Names: \_\_\_\_\_

Host(s)Email Address: \_\_\_\_\_

Host(s)Phone #: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Event Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

No. of Non-Member Guests: \_\_\_\_\_

Does the number of guests (non-members) invited fall within the scope as laid out in the current Stormont Yacht Club policies

Yes ☐ No ☐

If No then are there other SYC members in good standing who will be attending and are willing to also accept all responsibility as laid out above for hosting this event . *Member(s) signature also required below and MUST attend*

Yes ☐ No ☐

Will you require use of club facilities and equipment: (eg. Round Room, Front Porch, Junior Lounge)

Yes ☐ No ☐ Please explain: \_\_\_\_\_  
\_\_\_\_\_

Will you require use of the kitchen, supplies and utensils:

Yes ☐ No ☐

Will you require use of the BBQ:

Yes ☐ No ☐

Will you be bringing in an outside caterer: (*The sale of alcohol is prohibited*)

Yes ☐ No ☐ Caterers Name: \_\_\_\_\_

Will you be bringing in a DJ/Music:

Yes ☐ No ☐ DJ's Name: \_\_\_\_\_

Please provide a brief outline/plan of your proposed event:

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With whom have you been in communication about this event thus far:

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Organizer(s) name and signatures are required (sign and print) (All MUST be in attendance)

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To be completed by SYC Authorized person

Request accepted ☐ Request Denied: ☐

Reason for Denial:

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Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_