



Ardsley Multicultural, Diversity and Inclusion Committee

Special Event Worksheet

Name of Proposed Event: _____

Point of Contact Name: _____

Point of Contact Email: _____

Point of Contact Phone Number: _____

Is a Village of Ardsley Department, Board or Committee Sponsoring the event? ☐ Yes ☐ No

If yes, which Department, Board or Committee: _____

Proposed Date of Event: _____

Proposed Start Time: _____ Proposed End Time: _____

Is additional time needed for set up/clean up? ☐ Yes ☐ No

Proposed Location of Event: _____

How many people are anticipated to attend the event: _____

Will any neighbors or businesses be impacted? ☐ Yes ☐ No

Is Department of Public Works support required? ☐ Yes ☐ No

Is Police Department oversight/support required? ☐ Yes ☐ No

Is the event taking place outside? ☐ Yes ☐ No

Will alcohol be served? ☐ Yes ☐ No

Are tables, chairs or tents needed? ☐ Yes ☐ No

If yes, how many tables: _____, tents: _____ and chairs: _____