

**Supporting Communities Division: Culture**

5 Pancras Square  
London NC1 4AG

Phone: 020 7974 5633

camden.gov.uk / lovecamden.org

Our internal reference  
(office use only)

Application date


## Outdoor Event Initial Enquiry Form

<b>Organisation:</b>		<b>Contact Name:</b>	
<b>Billing Address:</b>		<b>Telephone:</b>	
<b>Town/City:</b>		<b>Mobile:</b>	
<b>Postcode:</b>		<b>Email:</b>	

<b>Event Name:</b>		<b>Organisation/ Event Website:</b>	
<b>Event Date:</b>		<b>Location/Venue:</b>	<i>If unsure of name, please describe to best of your ability</i>
<b>Start Time:</b>		<b>Set Up/Load In Date &amp; Time:</b>	
<b>End Time:</b>		<b>Clear Up/De-Rig Date &amp; Time:</b>	

**Event Type:**

*Please tick the box which best describes your event*

<input type="checkbox"/>	Bike Event	<input type="checkbox"/>	Charity	<input type="checkbox"/>	Comedy/Theatre
<input type="checkbox"/>	Commercial Activation	<input type="checkbox"/>	Community Event	<input type="checkbox"/>	Community Festival
<input type="checkbox"/>	Concert	<input type="checkbox"/>	Conference	<input type="checkbox"/>	Council (Internal)
<input type="checkbox"/>	Educational	<input type="checkbox"/>	Exhibition/Trade Fair	<input type="checkbox"/>	Film
<input type="checkbox"/>	Funfair	<input type="checkbox"/>	Market	<input type="checkbox"/>	Picnic
<input type="checkbox"/>	Private/Social Event	<input type="checkbox"/>	Procession/Parade	<input type="checkbox"/>	Sports

**Additional Information :**

Please tick the box if these apply to your event

<input type="checkbox"/>	Sale of Alcohol	<input type="checkbox"/>	Food traders	<input type="checkbox"/>	Fair rides
<input type="checkbox"/>	Live music	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Marquees

**Event Description:** please use this space describe your event in as much detail as possible, including background/historical information, reason for hosting and what you intend to take place at the event itself.

**Audience Profile:** Use this space to describe your expected audience demographic

**Expected Audience:**

*Max number of persons at any one time*

**Total Event Budget:**

**Road Closure Required:**

**YES**
**NO**

**If Yes, Location of Closure:**

**Parking Suspension Required:**

**YES**
**NO**

**If Yes, Location of Suspension(s) and Vehicle Registration Number(s)\*:**

*VRN's are compulsory for parking suspensions*

Please return completed for to [events@camden.gov.uk](mailto:events@camden.gov.uk). Once received your details, your event information will be uploaded to our system and we will aim to return an initial response regarding the feasibility and next steps for your event within two working days.

If you should have any queries or need to contact us in the meantime, please phone the main Events Services phone number on **020 7974 5633**.