

## **Block Party Trailer**

Request Form

*Applicant									
*Mailing Address									
*Phone Number *Email									
*Requested Trailer Location (Address)									
*Please indicate your desired drop off and pick up times (8am-5pm)									
*Drop Off Time *Pick Up Time									
*Requested Date (1st Choice) *Requested Date (2nd Choice) *Requested Date (3rd Choice)									
*Are you considering closing the street? (Please see the <u>Special Event Application</u> )									
*Will you have any of the following (Please indicate location of item(s) in the required event map): Yes No									
O Amplified Music O Generator									
O Bounce House O Pop Up Tent									
Catered Food or BBQ Grill None of these									
O Food Sales									
*How did you find out about the Block Party Trailer?									
City Manager's Update/City Website									
Monrovia Area Partnership Website/Newsletter 🔿 Word of Mouth									
Social Media (Instagram, Facebook)									
) Flyer at a City event									
*The purpose of the Block Party Trailer is to help with community building within neighborhoods. By using the Block Party Trailer, what do you hope to accomplish? (check all that apply)									
Connect with Neighbors       Use it for an annual neighborhood meeting/gathering									
<ul> <li>Identify Volunteers</li> <li>Capacity building — developing and strengthening skills, abilities, processes and resources</li> </ul>									
O Find residents interested in starting a neighborhood group									
O Build Connections to the City									
Applicant shall indemnify, defend, and hold harmless the City of Monrovia, its officers, employees, and agents from any and all losses, costs, expenses, claims, liabilities, actions, or damages, including liability for injuries to any person or persons or damage to property arising at any time during and/or arising out of or in any way connected with Applicant's authorized activities under the terms of this application unless solely caused by the gross negligence or willful misconduct of the City of Monrovia, its officers, employees, or agents.									

The information provided in this application is true and correct. I have read and understand this application and agree to all the aforementioned rules, regulations, and conditions of use. When signing on behalf of an organization, I confirm I am an authorized agent of the organization submitting this application and am authorized to sign this application on its behalf.

*Date					
*Signature	 				