Block Movie Night - Application

Applicant Name: _____ Date: _____

Address: _____

_____

Phone: _____

E-mail: _____

Date: _____ Time: _____

Street Name: _____

Cross Streets: _____ *and* _____

# of Attendees: _____

Alternate Contact: _____

Address: _____

_____

Phone Number: _____

Email: _____

Required Fees:

- App. + Barricades* ($40.00)
- Movie ($150-$500)
- Staff ($100)

Top Movie Choices:

1) 4)

2) 5)

3) 6)

** Application/barricade fee will be discounted 50% if Albany Fire Department is invited to attend and perform a Disaster Preparedness training.*

It is understood and agreed that the City Council Block Party Policy and Procedure must be complied with. I agree to assume the risk of accident or injury sustained from whatever cause in connection with the activity, and release the City of Albany, its officers, agents and employees from any and all liability for any such accident or injury caused by whatever reason, including but not limited to an act of omission. I understad that no medical insurance is provided.

_____ _____ _____

Print Signature Date

For Office Use Only:

- Recreation Approval (Initials: _____)
- Fire Approval (Faxed on: _____)

  Disaster Preparedness Req.: Yes __ No __
- Police Approval (Faxed on: _____)
- Petition Attached
- Barriers:

  D/O Date: _____

  P/U Date: _____
- Fire Dept. - Disaster Prev.

  50% off app/barricade fee