

Special Event Name

Date/Time of Special Event

Max. Estimated Daily Attendance

Location

Objectives

Special Events Coordinator Name and Location

Safety Coordinator

Outside organization coordinator

Event Area 1 location and coordinator name:

    Personnel/Units assigned

Event Area 2 location and coordinator name:

    Personnel/Units assigned:

Medical location and coordinator:

    Personnel/Units assigned

Traffic coordinator:

    Personnel/Units assigned

---

Special Event Coordinator Signature/Date

I certify that I have reviewed the plan for the special event, concur with the plan, the plan meets all legal requirements, and that the plan has been shared with all agencies and organizations as required.

---

Local Emergency Management Coordinator Signature/Date