



City of Chipley



CITY HALL
1442 Jackson Avenue
P.O. Box 1007
Chipley, Florida 32428
(850) 638-6350

Special Event Application

Name/Organization: Carla Rhynes - Campbell

Address: P.O. Box 1026 Chipley, Fl.

Contact person: Carla Rhynes-Campbell Phone: (321)427-5815 Fax:

E-mail: Crhynes8@gmail.com

Type of Event: Parade for T.J. Routhac

Purpose of Event: T.J. Routhac School Reunion
Classes (1938-1968)

Would like to request use of the field behind T.J. Routhac Enrichment Center
June 19, 2026 & June 20, 2026 June 19, 2026 - 8:00 am - 10:00 pm
June 20, 2026 - 8:00 - 12:00 pm
Location of Event: Chipley Fl. outdoors Indoors/Outdoors

Date(s) & Time(s) of Event: June 20, 2026

Amount of Liability Insurance: — (attach copy of policy)

Concert Yes/No If yes, What type of music? No

Will food and nonalcoholic beverages be sold? No

Will fireworks be displayed? Yes/No If yes, provide name, license number and pyrotechnic plan to be approved by Fire Chief. No

Will amusement rides be available? No

Number of participants anticipated per day: 20-30

Are security and/or medical services provided? No

Applicant Signature: C. [Signature] Date: 02/06/2026

Approved { } Denied { }
Mayor's Signature: _____ Date: _____

RELEASE AND HOLD HARMLESS AGREEMENT

FOR THE SOLE CONSIDERATION OF the City of Chipley granting permission for the undersigned to conduct a _____ upon street(s) as provided for in it's letter of request, the undersigned agrees to indemnify and hold harmless the City of Chipley, it's successors, agents and assigns and all other persons, firms or corporations, from any and all claims, demands, damages, actions, causes of actions or suits of any kind or nature whatsoever, and particularly on account of all injuries, both to person and property, which may result from the use of the street(s) as described above, and releases forever discharges the City of Chipley, for any such Claims.

Undersigned hereby declares that the terms of this agreement and lease have been completely read and are fully understood and voluntarily accepted.

IN WITNESS WHEREOF, the undersigned has executed this release, this 6th day of Feb, 2026

FIRM OR ORGANIZATION:

[Signature]
Signature

Carla Rhynes Campbell
Print Name

[Signature]
Witness

Witness

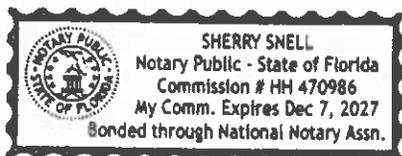
Sherry Snell
Print Name

Print Name

**STATE OF FLORIDA
COUNTY OF WASHINGTON**

The foregoing instrument was acknowledged before me by Carla Rhynes Campbell, who is personally known to me or who produced FD Lic as identification, and who executed the foregoing instrument and acknowledge before me that he/she executed the same freely and voluntarily and for purposes expressed therein.

Witness my hand and seal in the County and State last aforesaid this 6th day of Feb., 2026.



[Signature]
Notary Public



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Request for Temporary Closure of City Road/Sidewalk/Alleyway

Name of Organization: <i>Carla Rhys-Campbell</i>		Person in Charge: <i>Carla Rhys-Campbell</i>		Date: <i>02/06/26</i>
Address of Organization: <i>P.O. Box 1026, Chipley, FL 32428</i>			Telephone Number: <i>(321)427-5815</i>	
Title of Event: <i>T.J. Rouillac Parade</i> <i>9am - 10am</i>				
Date of Event: <i>June 20, 2026</i>	Starting Time of Event: <i>9:00 am</i>	Duration of Event: <i>1 hr.</i>	Actual Closing Time (Set up of barriers, Etc.) <i>10:00 am</i>	
Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route): <i>Chipley High School (The Old Chipley High School) Church St to TS Routhouse - Pecan Street</i>				
This section is to be completed when closure is for special event filming.				
Liability Insurance Carrier:		Policy E#	Date:	
Coverage Amount:		(\$1,000)	Minn)	
Length of Coverage:		Days		
Licenses Pyrotechnics Operator: _____				
License Number: _____				
Approval of Local Fire Department: _____				
Federal Aviation Administration Approval for Low Flying Filming: _____				
Additional Liability Insurance Amount: _____				
PLEASE DO NOT WRITE BELOW THIS LINE				
Detour Route (Include Exact Road Names and Map of Detour Route): 				
Name of Department Responsible for Traffic Control (City Police Department, Sheriff's Department, Highway Patrol): Chipley City Police Department				
Special Conditions: Use this route only!				
Name of Police Chief: Michael Richter		Signature of Police Chief:		Date Signed:
Name and Title of City Official: Patrice Tanner, City Administrator		Signature of City Official:		Date Signed: