

To the Salida City Council:

The Salida Fiber Festival will be celebrating its tenth anniversary festival September 11 and 12, 2021, in Riverside Park, downtown Salida. Hours for the festival are 9AM-5PM on Saturday, and 10AM-4PM on Sunday.

Again, the festival will feature vendors selling yarn, fiber, fabrics, finished fiber goods, and fiber equipment and supplies, an Activity Tent, a silent auction, a pop-up fashion show, and demonstrations. We have also sponsored a fiber art exhibition at the SteamPlant, now in its fifth year. The beer garden has always been a very popular place for visitors, vendors, and volunteers to relax in the shade, and we feature locally crafted libations from Vino Salida, Soulcraft, and Wood's.

Thank you for your consideration of our permit request.

The Salida Fiber Festival organizing committee

Salida Park Rental & Special Event Form

This application must be filled out in its entirety and is a request only. Applications can be accepted or rejected.

Contact Name *

Contact Phone Number *

Applicant/Entity Email *

Sheryl@Serendipityyarn.com

Event/Activity Name *

Salida Fiber Festival

What type of Event are you requesting? *

- ☒ Public Event: Free and open to the public eg. concerts/festivals (60-90 days notice)
- ☐ Admission Based Event: A paid ticket or reservation is required for entry (60-90 days notice)
- ☐ Races: A paid race event that can include walking, running, biking etc (60 days notice)
- ☐ Special Occasion: A private event by invitation only eg. celebration/birthday party (14 day notice)
- ☐ Tournament (30 days notice)
- ☐ Assembly/First Amendment Activity (Recommended 5 business day notice)

Provide a short description of your activity. Include any website or social media handles associated with the event. *

Vendor Booths, Beer Garden, Fashion Show, Silent Auction, and Fiber Art Exhibition. www.SalidaFiberFestival.com

Desired Location of Event/Activity *

- ☒ Riverside Park
- ☐ Alpine Park
- ☐ Centennial Park
- ☐ Chisholm Park
- ☐ Chisholm Park Clubhouse
- ☐ Thonoff Park
- ☐ F street (For parades, walks/runs/bike races)
- ☐ Skatepark
- ☐ Marvin Park (For Baseball, Softball, Kickball tournaments or other uses)
- ☐ Centennial Courts (For Tennis or Pickleball Tournaments)
- ☐ "S" Mountain
- ☐ Another Street in Salida
- ☐ Monarch Spur Trail
- ☐ Other Trails on City Property
- ☐ Whitewater park
- ☐ Boatramp
- ☐ Other: _____

Estimated number of attendees? *

2000 _____

Start date desired *

MM DD YYYY

09 / 10 / 2021

Start Time Desired (please include load in time) *

Time

08 : 00 AM ▼

End date desired *

MM DD YYYY

09 / 12 / 2021

End Time Desired (please include load out time) *

Time

08 : 00 PM ▼

Will ANY of these features apply to your event? Check all that apply. *

- ☐ Have more than 50 attendees?
- ☒ Sell food or merchandise?
- ☒ Sell or dispense alcohol? (only allowed for non profit org)
- ☒ Use amplified sound?
- ☒ Need to close a street or right of way?
- ☒ Require law enforcement, security or fire professionals?
- ☐ Require fencing
- ☐ Require municipapl water or Electical hookups
- ☐ None of the above

If you checked any box other than "None of the above" You will need to submit additional documentation-visit the link below for more info.

<https://docs.google.com/document/d/1B7TntB0R6jSn001BEbe6d5YrdJonjglCBqSAp8mne3l/edit>

This form was created inside of City of Salida.

Google Forms

Addendum A
For Applications B and C

1. Do you plan on using any portion of the **Salida Trail System (STS)**? Yes _____ No X
If yes, describe when, how and where: _____

2. Will any **food or merchandise** be sold? Yes X No _____
If yes, **FOOD AND SALES TAX LICENSES MUST BE OBTAINED.** Contact the Colorado Department of Revenue for sales tax licenses at (303) 232-2416, and the Chaffee County Public Health Department for food licenses at (719) 539-2124.
Vendors must have a fire extinguisher on site. Vendor booths are subject to inspection by the Salida Police and Fire Departments.
3. Will **alcoholic beverages** be sold and/or dispensed at your event? Yes X No _____
If yes, please fill out the **Application for Special Events Permit** and submit it along with the necessary fees. **A State of Colorado Special Event Liquor License permit is ONLY issued to incorporated non-profit organizations. EVENTS REQUIRING ALCOHOL LICENSES MUST SUBMIT THEIR APPLICATION AT LEAST 90 DAYS IN ADVANCE OF THE EVENT.**
4. Are **street closures** proposed for your event? Yes X No _____
If yes, where and when? 9-10-21 8AM-3PM
If yes, it is your responsibility to circulate and submit a petition signed by abutting residents/merchants as to their support or non-support of the closure.
5. Will you require any **law enforcement services** specific for your event? Yes X No _____
If yes, for what purpose (security, traffic, parking or public control, Salida Trail System crossings, etc.?)
Security

Dates and times officers needed? 9-10-21 5PM to 9/11/21 7AM
9-11-21 5PM to 9/12/21 7AM
6. Where do you plan for people to **park** for your event? Salida Free Parking Lots
7. For large events, please explain your **Emergency Action Plan**, including **First Aid Stations, Communication and public safety agencies.** Attach an additional sheet if needed.

8. Will you need **event insurance**? Yes X No _____
Events to which the PUBLIC is invited require insurance. **Please refer to #11 under Provisions for Park Rentals and Park Rules.** Proof of insurance will be required with this application and must list the City as an additional insured party.
9. Please list any other needs or requirements that have not been covered. _____
Discontinue grass watering on Thursday 9-9-21
Baricades needed for Street closure

Application for a Special Events Permit

Departmental Use Only

In order to qualify for a Special Events Permit, You Must Be a Qualifying Organization Per 44-5-102 C.R.S. and One of the Following (See back for details.)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Social | <input type="checkbox"/> Athletic | <input type="checkbox"/> Philanthropic Institution |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Chartered Branch, Lodge or Chapter | <input type="checkbox"/> Political Candidate |
| <input type="checkbox"/> Patriotic | <input type="checkbox"/> National Organization or Society | <input type="checkbox"/> Municipality Owned Arts Facilities |
| <input type="checkbox"/> Political | <input type="checkbox"/> Religious Institution | |

LIAB Type of Special Event Applicant is Applying for:

- 2110 ☒ Malt, Vinous And Spirituous Liquor \$25.00 Per Day
2170 ☐ Fermented Malt Beverage \$10.00 Per Day

DO NOT WRITE IN THIS SPACE

Liquor Permit Number

1. Name of Applicant Organization or Political Candidate

SALIDA FIBER FESTIVAL

State Sales Tax Number (Required)

2. Mailing Address of Organization or Political Candidate
(include street, city/town and ZIP)

PO BOX 442
SALIDA CO 81201

3. Address of Place to Have Special Event
(include street, city/town and ZIP)

RIVERSIDE PARK
SALIDA CO 81201

4. Authorized Representative of Qualifying Organization or Political Candidate

SHERYL CAMPBELL, TREASURER

Date of Birth

Phone Number

303-359-4597

Authorized Representative's Mailing Address (if different than address provided in Question 2.)

5. Event Manager

Date of Birth

Phone Number

Event Manager Home Address (Street, City, State, ZIP)

Email Address of Event Manager

6. Has Applicant Organization or Political Candidate been
Issued a Special Event Permit this Calendar Year?

☒ No ☐ Yes How many days? _____

7. Is the premises for which your event is to be held currently licensed under the
Colorado Liquor or Beer codes?

☐ No ☐ Yes License Number _____

8. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed? ☐ Yes ☐ No

List Below the Exact Date(s) for Which Application is Being Made for Permit

| | | | | |
|---|---|----------------------------------|----------------------------------|----------------------------------|
| Date 09/11/21 Hours From 11:00AM .m. To 6:00PM .m. | Date 09/12/21 Hours From 11:00AM .m. To 4:00PM .m. | Date Hours From .m. To .m. | Date Hours From .m. To .m. | Date Hours From .m. To .m. |
| Date Hours From .m. To .m. | Date Hours From .m. To .m. | Date Hours From .m. To .m. | Date Hours From .m. To .m. | Date Hours From .m. To .m. |
| Date Hours From .m. To .m. | Date Hours From .m. To .m. | Date Hours From .m. To .m. | Date Hours From .m. To .m. | Date Hours From .m. To .m. |

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature

Sheryl A. Campbell

Title

TREASURER

Date

10/21/20

Report and Approval of Local Licensing Authority (City or County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 44, Article 5, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County)

☐ City
☐ County

Telephone Number of City/County Clerk

Signature

Title

Date

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

Liability Information

| License Account Number | Liability Date | State | Total |
|------------------------|----------------|------------|-------|
| | | -750 (999) | \$. |

(Instructions on Reverse Side)

Application Information and Checklist

The following supporting documents must be attached to this application for a permit to be issued:

- ☐ Appropriate fee.
- ☐ Diagram of the area to be licensed (not larger than 8 1/2" X 11" reflecting bars, walls, partitions, ingress, egress and dimensions. **Note:** If the event is to be held outside, please submit evidence of intended control, i.e., fencing, ropes, barriers, etc.
- ☐ Copy of deed, lease, or written permission of owner for use of the premises.
- ☐ Certificate of good corporate standing (NONPROFIT) issued by Secretary of State within last two years; **or**
- ☐ If not incorporated, a NONPROFIT charter; **or**
- ☐ If a political Candidate, attach copies of reports and statements that were filed with the Secretary of State.

- ☐ Application must first be submitted to the Local Licensing Authority (city or county) at least thirty (30) days prior to the event.
- ☐ Public notice of the proposed event and procedure for protesting issuance of the permit shall be conspicuously posted at the proposed location for at least (10) days before approval of the permit by Local Licensing Authority. (44-5-106 C.R.S.)
- ☐ State Licensing Authority must be notified of approved applications by Local Licensing Authorities within ten (10) days of approval.
- ☐ Check payable to the Colorado Department Of Revenue

Qualifications for Special Events Permit

(44-5-102 C.R.S.)

A Special Event Permit issued under this article may be issued to an organization, whether or not presently licensed under Articles 4 and 3 of this title, which has been incorporated under the laws of this state for the purpose of a social, fraternal, patriotic, political or athletic nature, and not for pecuniary gain or which is a regularly chartered branch, lodge or chapter of a national organization or society organized for such purposes and being non profit in nature, or which is a regularly established religious or philanthropic institution, and to any political candidate who has filed the necessary reports and statements with the Secretary of State pursuant to Article 45 of Title 1, C.R.S. A Special Event permit may be issued to any municipality owning arts facilities at which productions or performances of an artistic or cultural nature are presented for use at such facilities.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/09/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602 | CONTACT NAME: Robert V. Nuccio PHONE (A/C, No. Ex): (800) 364-2433 FAX (A/C, No): (818) 980-1595 E-MAIL ADDRESS: support@rvnuccio.com |
| INSURER(S) AFFORDING COVERAGE | |
| INSURED Salida Fiber Festival PO Box 442 Salida, CO 81201 | INSURER A: The American Insurance Company NAIC # 21857 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

COVERAGES: _____ **CERTIFICATE NUMBER:** _____ **REVISION NUMBER:** _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR I, TR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|---------------|--|--------------|-------------|---------------------------|----------------------------|----------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____ | | | XXC80514929 NAEP095777 | 9/10/2021 | 09/13/2021 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 300,000 MEDICAL EXPENSE \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____ | | | | | | COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Liquor Liability | | | XXC80514929 | 9/10/2021 | 09/13/2021 | 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured: Town of Salida Colorado
 448 E First St, Suite #112
 Salida, CO 81201

| | |
|---|---|
| CERTIFICATE HOLDER Riverside Park Sackett Ave and F Street Salida, CO 81201 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|---|

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Salida Fiber Festival

is a

Nonprofit Corporation

formed or registered on 10/30/2011 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111605403.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/20/2020 that have been posted, and by documents delivered to this office electronically through 10/21/2020 @ 14:16:25.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/21/2020 @ 14:16:25 in accordance with applicable law. This certificate is assigned Confirmation Number 12676032.



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



**City of Salida
Multiple Vendor Event Permit Application**

Date of Application 10/12/20

Event Name: Salida Fiber Festival

1. Event location(s): Riverside Park

2. Date(s) & times(s) of event: 9/10-12/21 8AM to 5PM

3. Individual or organization sponsor(s): Salida Fiber Festival

Address: PO Box 442 Salida CO 81201

Phone: 303-359-4597 E-mail: Sheryl@Serendipityyarn.com

4. Contact Person: Sheryl Campbell

Phone: 303-359-4597 E-mail: Sheryl@Serendipityyarn.com

5. List Participating Vendors:

**REQUIREMENT: PROVIDE A COPY OF THE CURRENT STATE LICENSE
FOR EACH VENDOR**

To Be Determined

(If additional space is needed, please attach a list of participating vendors.)

6. Provide Proof of Insurance (The City Administrator, at his or her discretion, may require the City be named as an additional insured.)

Copy of Insurance Attached (Yes or No) _____

Required Fees and Checklist:

☐ \$75 Application Fee

☐ \$20 per participating vendor: Number of Vendors _____ X \$20 = _____

☒ Current Colorado Sales Tax License for each participating vendor

SFF license included

☐ Proof of Insurance

Signed:

Event Sponsor:

Shy A. Campbell

City of Salida: _____

Date:

10/12/20

Date: _____

DR 0160 (02/16/11)
COLORADO DEPARTMENT OF REVENUE
DENVER CO 80261-0013

MULTIPLE EVENT SALES TAX LICENSE

**THIS LICENSE IS
NOT TRANSFERABLE**

| USE ACCOUNT NUMBER for all references | LIABILITY INFORMATION | | | VALID THROUGH |
|--|-----------------------|---|--------|---------------|
| | | | | |
| 27251405-0000 | 31-0031-006 | C | 010112 | Dec 31 2021 |

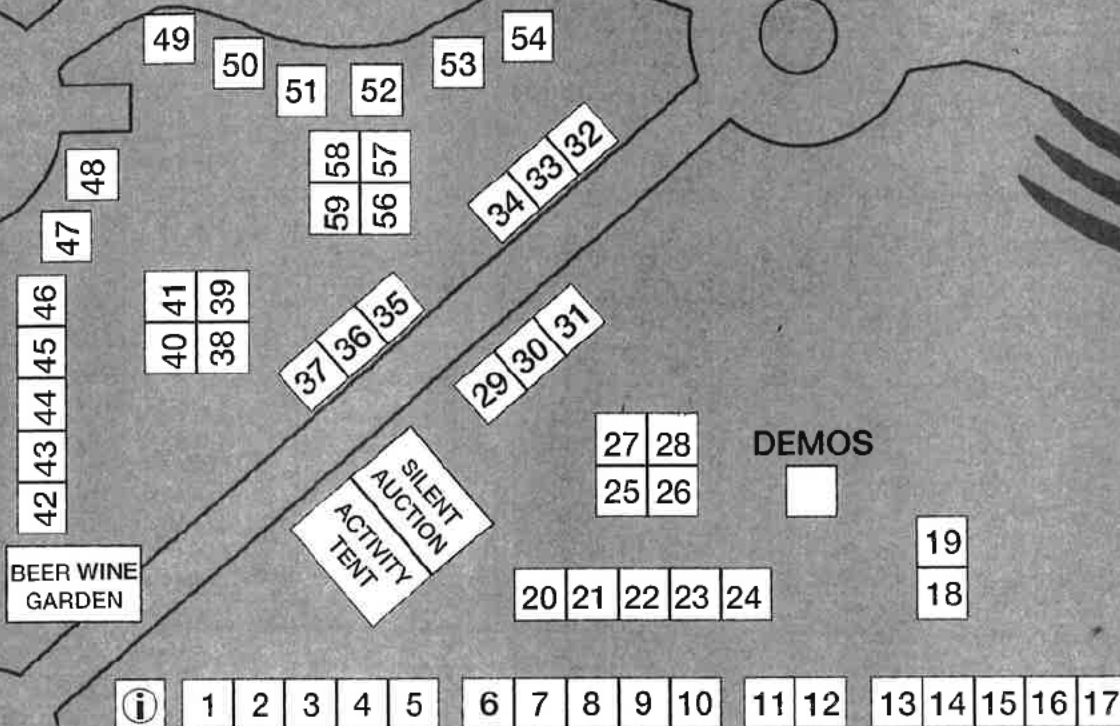


SALIDA FIBER FESTIVAL
PO BOX 442
SALIDA CO 81201-0442

Interim Executive Director
Department of Revenue

ARKANSAS RIVER

STAGE



| | | | |
|------------------------------|-------|-------------------------------------|-------|
| ASC Soapworks | 53 | Handwoven Designs | 48 |
| BagzNBeadz | 17 | Jefferson Farms Natural Fibers | 45-46 |
| Bee Skep | 13-14 | Journals by a Simple Pilgrim | 41 |
| Bernadette Fuentes | 16 | Leslie's Magnolias | 28 |
| Bristol Yarnworks Studio | 54 | Milkweed Designs | 42-43 |
| Cactus Hill Farm Fiber | 52 | Mora Valley Spinning Mill | 23-24 |
| Carol Silks | 5 | Mountain Top Quilts | 20 |
| Cat Mountain Fiber Arts | 34 | Natural Twist, LLC | 35-36 |
| Cherry Creek Valley Farms | 56 | Naumann Angoras | 40 |
| Colorful Eclectic | 33 | Nelson Wool Works | 26 |
| Dancing Hooves Farm & Studio | 3 | Old Mother Westwind | 11 |
| DeGoatsnsheep Ranch | 2 | Phoenix Fiber Mill LLC | 12 |
| Dragon Faery DyeWorks | 53 | Pleasant Journey Alpacas | 29 |
| Enchanted Fibers | 38-39 | Rocky Mountain Llama & Alpaca Assn. | 51 |
| EWE and me...A Yarn Boutique | 21-22 | Serendipity Yarn & Gifts | 18-19 |
| Feel Good Felt | 44 | Sharon Cupit | 4 |
| FeltCrafts | 25 | Smashing Jewelry | 47 |
| Felted Dog | 32 | Spruce Dragon LLC | 6-7 |
| Fiberlady | 30-31 | The 100th Sheep, LLC | 49-50 |
| Fiberspace | 37 | The 285 Fiber Group | 57 |
| Fox Ryde Gardens | 59 | Two Windows Dye Company | 15 |
| Get Your Goat 4-H | 58 | Ute Meadow Ranch | 27 |
| Green Designs | 1 | Wooly Wonka Fibers | 10 |
| Greenwood Fiberworks | 8-9 | | |

CITY OF SALIDA

Permit #: _____

AMPLIFIED SOUND PERMIT**Please fill out form completely, sign and date prior to submission.**

Pursuant to Article IX Section 10-9-80 S.M.C., Salida Fiber Festival (Permittee) has been granted this permit to exceed the maximum sound levels established in Article IX Section 10-9-80, S.M.C., in accordance with the following terms and conditions:

Permittee: Salida Fiber FestivalAddress: PO Box 442
Salida CO 81211Telephone: 303-359-4597

Individual supervising sound (if different from Permittee): _____

Activity/event: Salida Fiber FestivalType of sound amplification equipment authorized (if any): _____
Band Stand SpeakersLocation: Riverside ParkDate(s): 9/10-12/21Hours of operation: 9 AM to 5 PMAdditional terms/conditions (attach additional sheets if necessary): _____

Expiration: _____

This permit will not be issued beyond 10:00 p.m.

The Permittee shall ensure that the sound/activity authorized by this permit shall be conducted in compliance with all applicable City ordinances and regulations, and a failure by the Permittee to do so, or to comply with all terms and conditions set forth hereinabove, may result in the summary revocation of this permit.

Accepted and agreed to by the Permittee: Date: 5/9/21

Approved by the City Administrator on the ____ day of _____.

City of Salida: _____ (City Administrator)

Copies to: Police ____ Public Works ____ Fire ____ City Clerk ____ City Zoning ____

January, 2009 Amplified Sound Permit



City of Salida

Special Event Emergency Action Plan

I, the undersigned, agree to comply with the following Emergency Action Plan to the best of my ability. The first person on this list will be the designated Emergency Manager and will take responsibility for public addresses and instruction to the event participants.

| Emergency Manager (1 lead, 2 alternates) | Contact info 1 | Contact info 2 | Signature |
|--|----------------|----------------|-----------|
| 1. Jane Templeton | 719. 221. 2331 | 719. 539. 4618 | |
| 2. Becky Longberg | 970-213-8006 | N/A | |
| 3. Penny Smith-Kerker | 512-914-4488 | | |
| 4. | | | |

Please complete the following template according to your Events plan and location.

The following procedures should be followed in the event of an emergency.

Communications

1. The manager or designee will communicate the designated evacuation space to participants at the beginning of the event.
2. The Emergency Manager will communicate to the event participants in an emergency with a ☐ Bull Horn
☒ PA system
☐ Emergency level voice

Fire

1. Call 911
2. Assist injured or disabled personnel.
3. Evacuate the building. Activate emergency shutoffs if available.
4. Attempt to use a fire extinguisher only if you have been trained.
5. Evacuate participant to *Steam Plant, Scout Hut, visitors' + vendors' vehicles*

Medical Emergency

1. Identify the medical emergency.
2. If life threatening, call 911.
3. Administer first aid if properly trained.
4. Evacuate the injured person to *hospital / home / hotel*

Violent incident

1. Call 911.
2. Attempt to avoid the situation – move participants away
3. Try to deny contact-evacuate to *Steam Plant / Scout Hut, visitors' + vendors' vehicles*
lock/block doors, turn off lights, silence phones.
4. If necessary defend - distract, attack, subdue.

Severe Weather / Natural Incident

1. Move participants away from threat if possible.

2. Evacuate to *Scout Tent / Scout Hut / visitors' vendors' vehicles or hotels*

3. Call 911

Urgent Situation (suspicious person, package, activity or bomb threat)

1. Call 911.

2. State who, what, where, when, why, and how situation occurred.

3. If bomb threat, turn off all electronics.