

Statewide Terrorism & Intelligence Center Special Event Form



Please return all forms to the following:

Alana Sorrentino
Emergency Management Intelligence Officer
SpecialEvents@isp.state.il.us
217-558-3739

Submitter Information

Name: _____

Agency Name: _____

Mailing Address: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Event Information

Name of Event: _____

Event Category:

- Festival / Fair / Carnival
- Procession/ March
- Parade
- Athletic Event
- Concert
- Fireworks Display
- Marathon / Walk / Run
- Other:

Event Details:

EVENT DATES (Open to Attendees)		Hours (Time Open To attendees)		Expected Attendance (Daily)
Day 1	Date:	Start Time:	End Time:	Number of Attendees:
Day 2	Date:	Start Time:	End Time:	Number of Attendees:
Day 3	Date:	Start Time:	End Time:	Number of Attendees:
Day 4	Date:	Start Time:	End Time:	Number of Attendees:
Day 5	Date:	Start Time:	End Time:	Number of Attendees:

Event Organizer Name: _____

Event Organizer Mailing Address: _____

Event Organizer Work Phone: _____

Event Organizer Cell Phone: _____

Event Organizer Email: _____

Event Webpage: _____

Event Facebook Page: _____

Event Location (Full Address): _____

Name of Venue / Location: _____

Is this event Annual or Reoccurring?

YES

NO

If yes, please explain: _____

Venue Type:

Open Air

Stadium

Building

Other: _____

Admission / Entry Procedures

Registration Fee

Tickets for Purchase

Open to Public

Invitation

Other: _____

Agencies Involved

Law Enforcement

Fire Service

EMS

Emergency Management

Other: _____
