

BOOT BLOCK APPLICATION

City of Oswego
P O Box 210
Oswego, KS 67356
620-795-4433
620-795-4873 fax

Group Name _____

Contact Person _____

Address _____

Phone #(s) _____

Date Fundraiser to be held _____

Fundraising effort _____

(Who benefits from boot block?)

Start & End Time _____

A certificate of insurance naming the city as additional insured is attached. The city is absolutely not responsible for any accident or injury. The Boot Block application will **not** be submitted to the Council for consideration without the Certificate of Insurance attached to the application showing coverage for the date(s) of the event.

I have read the boot block policy of the City of Oswego and our group will abide by the regulations as set out therein.

Signature

Date

Printed Name

(For city use only)

Approved on _____

By _____