

**City of New Orleans**  
**Department of Parks and Parkways**

C. Ray Nagin  
Mayor

Ann E. Macdonald  
Director

**Jackson Square Booking Request**

Date Filed \_\_\_\_\_

Neutral Ground/Park Requested: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

Time of the event: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Set-up hours required: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Take down hours required: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Total hours required: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Description of Event: (please provide as much detail as possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the event open to the public? \_\_\_\_\_

Please indicate if you will be using any of the following. The applicant must make separate arrangements for these items.

Electrical hook-ups \_\_\_\_\_ Parking \_\_\_\_\_ Chairs \_\_\_\_\_

Tables \_\_\_\_\_ Risers \_\_\_\_\_ Tents (Pop-up) \_\_\_\_\_

Other \_\_\_\_\_

If yes to stages indicate number and sizes \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Submit to:  
Ann E. Macdonald, Director  
Department of Parks and Parkways  
2829 Gentilly Boulevard  
New Orleans, LA 70122  
504.658.3200 Phone 504.658.3227 FAX  
ParksandParkways@cityofno.com