

Phase IV Event Plan

Q1 What gathering, event or venue are you seeking approval for? Please provide the event name or a brief description.

Q2 What are the dates the event or gathering will occur?
Please enter the month and day. Include start and end dates, if this is for a multi-day event.

Q3 At what time will the event be held, if known? (ex: 11AM - 12PM)

Please contact us if you have any questions while completing the plan.

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Q4 Which county this event will take place?

Q5 Will there be a guest list (or a sign-in sheet) at your event?

☐ Yes

☐ No

Q6 Who is the **primary contact** that the local health department should reach out to with questions about this COVID-19 Event and Gathering Safety Plan or this event?

☐ First Name _____

☐ Last Name _____

☐ Cell phone number _____

☐ Email address _____

☐ Mailing address _____



Q7 What is the state-designated maximum capacity or occupancy of your venue/location?

Q8

How many people do you hope to accommodate at your gathering, event or venue under this plan, if approved? Pick a range below and then type in the actual number of attendees you expect.

☐

> 125

☐

125 > 250

☐

250 > 500

☐

500 > 1,000

☐

1,000 > 2,000

☐

2,000 > 3,000

☐

TYPE IN ACTUAL NUMBER OF ATTENDEES YOU EXPECT (145)

Q9 Will you **work with your local health department responding to and investigating any positive cases of COVID-19** associated with your gathering, event or venue?

☐ Yes

☐ No

Q10 Briefly recap the key ways your COVID-19 Event and Gathering Safety Plan meets safety guidelines for preventing the spread of coronavirus and COVID-19. Which strategies will you implement?

Q11 By submitting this plan, I am agreeing to work with local public health officials and to comply with their guidance and comply with all current Directed Health Measures. I understand that if the State health measures change between now and the time of my event, I may be required to revise this safety plan.

Sign Here:

Q12 Thank you for creating an event safety plan. If you want to make any changes, now is the time to hit the back arrow. Otherwise, hit the forward arrow to submit your response now. You will be able to download a PDF of your responses on the next page. If you have any questions, please contact your local health department.