



**SPECIAL EVENTS REQUEST FORM  
SOUTHERN MARYLAND RECREATIONAL**

**Return Completed Form To:**

**Cedarville State Forest  
10201 Bee Oak Rd.  
Brandywine, Md. 20613  
301-888-1410**

**Date Request Made:**

(Park requires at least 30 days advance notice of event to be considered for approval)

**Event Name:**

**Park Location:**

**Proposed Date and Time of Event:**

**Description of Event:**

**Fees associated with your event? Yes  No  Amount:**

**Specialized equipment or vehicles (generators, trailers etc. )**

**Anticipated Attendance:**

**Number of Vehicles on site:**

**Event Contact Person:**

**Phone #'s:**

**Address:**

**Signature:**

**Date:**

(Approval of your event will not occur if this form is not completed and submitted in a timely fashion and the Park reserves the right to deny/terminate any event when determined not to be in the best interest of the State)

**BELOW FOR PARK USE**

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**Assigned to:** \_\_\_\_\_ **Date received:** \_\_\_\_\_

**Date Contact made:** \_\_\_\_\_

**Additional comments/notes:** \_\_\_\_\_

\_\_\_\_\_

**Total Service Charges or Fees by Park:** \_\_\_\_\_ **Amount Paid \$** \_\_\_\_\_

**Receipt# and Date:** \_\_\_\_\_

**Event Approved Yes/No** \_\_\_\_\_

**Signature of Park Representative:** \_\_\_\_\_