Crowd Manager Shift Schedule for Special Events

Due 5 weeks before the event. Please use additional sheets if necessary and email completed form to the Special Events Permit Manager.

Event Name _____

Event Date _____ Event Time _____

Crowd Manager Name	Phone Number During Event	Location	Shift Start Time	Shift End Time	Role(s)/Responsibilities

For Office Use Only

Received by: _____ Date Received: _____ Approved: _____