



**City of Chaska**  
**Block Party Application**

**www.chaskacommunitycenter.com**  
**(952) 448-3176**

This application must be filled out completely and submitted with applicable damage deposits at least 5 working days prior to requested date(s). The person filling out application (contact person) must be an adult and a City of Chaska resident.

A \$200 damage deposit check (Payable to the City of Chaska) must accompany this form prior to the application being approved and a block party wagon contract being issued. No reservations will be held without this damage deposit.

**ORGANIZERS:** (Please list two people who will be contacts at the party.)

\_\_\_\_\_  
 Name Address Phone

\_\_\_\_\_  
 Name Address Phone

Date of Application \_\_\_\_\_ Approximate Number of Persons Attending \_\_\_\_\_

Date of Block Party \_\_\_\_\_ Time -- From \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm

Would your group like to have a Chaska Police Officer visit your party? \_\_\_\_\_

If yes, requested date and time of visit? Date \_\_\_\_\_ Time \_\_\_\_\_

**NEIGHBORHOOD CONSIDERATION:**

Have all of the affected neighbors been told of the block party plans? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Does anyone object to the block party? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**CLEAN UP:**

Who will be responsible for clean up after the party?

\_\_\_\_\_  
 Name Address Phone

**BLOCK PARTY WAGON:**

Requested date of Wagon delivery? Date \_\_\_\_\_ (will be delivered during the day on the Friday proceeding event)

Requested date of Wagon pick-up? Date \_\_\_\_\_ (will be picked up during the day on the Monday following event)

Exact location where Block Party Wagon is to be delivered \_\_\_\_\_

\_\_\_\_\_  
 Address for delivery of the Block Party Wagon Key \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature Date

By signing this application, applicant acknowledges, agrees and specifically states that he/she has read and understands all policy, rules and regulations relating to block parties and does hereby agree to defend and hold the City of Chaska harmless from liability in case of accident or injury.

Approved  Denied Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Cc: Applicant Police Department Parks and Recreation Department

Please send applications to: Chaska Community Center 1661 Park Ridge Drive Chaska, MN 55318 Attn: Joan