



COVID-19 Event Request Form – Community

In compliance with the Snuneymuxw First Nation (SFN) Covid Bylaw and Safety Plan, Chief & Council will review all community event requests on a case by case basis. This form is to be submitted a minimum of 15 days prior to the event’s start date and submitted to Sheila Seymour, Governance Admin Clerk: ccclerk@snuneymuxw.ca/Fax: 250-753-3492/ Drop-off at Admin Reception

Event Organizer: (Onsite Event Contact, if different)	Contact #: Onsite Contact #:	
Event Name:	Event Date:	
Event Location:	Start Time:	
<input type="checkbox"/> Personal Event <input type="checkbox"/> Cultural Event	End Time:	

Purpose of Event:

Please Select One:

- Indoor Event The event will be **under 50 people** but maintain the Health Guidelines of no more than 30 % building capacity to maintain social distancing
- Outdoor Event The event will be **outdoors and not exceeding 100 people** while maintaining social distancing of 2 meters

Expected Participant #: _____

Are all participants SFN: Yes No

Attach list of expected attendees and advise by invitation only.

Food Plan: (How will food be prepared? How will it be distributed?)

Social Distancing Arrangements: (How will seating be set up? How will you minimize lines?)



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Who is your Symptom Screening Designate and how will information be recorded and stored:

What is your sanitization plan: (Before, During and After)

Staffing Costs assumed by event organizer:

Set-up, Takedown and during event monitoring: Inside events with food served (4)
Inside without food served (2)
Outside event (min 2)

COVID Precautions Taken by Event Organizer:

<input type="checkbox"/> Masks / Face Shields	<input type="checkbox"/> SFN Health/Community Nurse Onsite
<input type="checkbox"/> Gloves	<input type="checkbox"/> Symptom Screening
<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Cleaning and Disinfecting (during)
<input type="checkbox"/> Hand Washing Station	<input type="checkbox"/> PPE Training
<input type="checkbox"/> Floor Guides / Directions	<input type="checkbox"/> Garbage Available (onsite for PPE)
<input type="checkbox"/> Restroom Numbers Limited	<input type="checkbox"/> Reduced Seating
<input type="checkbox"/> Printed Signage	<input type="checkbox"/> Reduced Transportation Seating
<input type="checkbox"/> Bagged / Individual Wrapped Food	<input type="checkbox"/> Other:

Confirm Signed Release and Waiver Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Submitted:			Date Reviewed:
Event Requester Name			Chief and Council Approver Name
Event Requester (Sign)			Chief and Council Approver (Sign)

Chief and Council Response:	
<input type="checkbox"/> Approved as Is	<input type="checkbox"/> Approved with Recommendations:
<input type="checkbox"/> Denied as Is	