

DEPARTMENT OF PARKS AND PARKWAYS  
**CITY OF NEW ORLEANS**

LaTOYA CANTRELL  
MAYOR

ANN E. MACDONALD  
DIRECTOR

**JACKSON SQUARE BOOKING REQUEST  
(NO MAJOR EVENTS)**

Date Filed: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Alternate/Rain Date: \_\_\_\_\_

Description of Event: *(please provide as much detail as possible)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time of the event: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Set-up hours required: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Take down hours req.: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Total hours required: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Please indicate use of any of the following; applicant must make separate arrangements for these items:

Chairs: yes / no      Tables: yes / no      Risers: yes / no

Minimal Decorations: yes / no

Other : yes / no      If yes to Minimal Decorations or Other, please describe / explain:

**PLEASE NOTE:**

- Jackson Square will remain open to the public during your event; please plan accordingly.
- NO FOOD OR BEVERAGES are allowed to be served within Jackson Square.
- Should this request be approved, 50% of the usage fee is due within 30 days.

**Photographer Contact Information** *(if different from Applicant):*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Applicant Contact Information:**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SUBMIT THIS FORM TO:**

**City of New Orleans Department of Parks and Parkways**  
2829 Gentilly Boulevard, New Orleans, Louisiana 70122  
(504) 658-3201 / (504) 658-3227 FAX  
parksandparkways@nola.gov