Gibbons

ROOTED IN FAMILY

Block Party Package

TEN REASONS TO HAVE A BLOCK PARTY

1. To have FUN
2. To meet your neighbors– knowing who lives on your block improves safety and prevents crime!
3. To establish a sense of belonging to the community
4. To strengthen neighborhood spirit- encourage residents to look after the neighborhood
5. To make additional connections within the community– to exchange skills, resources, or meet new friends
6. To learn about the history of your community
7. To create new traditions
8. To boost your health– neighborhoods that are safe, clean, welcoming, and supportive create healthier communities and people
9. To build a support system– supportive neighbors foster leadership, healthy behaviors, acceptance and diversity
10. To build a strong community– caring neighbors have the power to create positive changes when they come together

BLOCK PARTY CHECKLIST

- ☐ Complete Block Party Package and return it to the Town of Gibbons- Community Services
- ☐ Obtain event coverage (Does your home insurance cover? Is extra event insurance needed?)
- ☐ Invite your neighbors to attend and help out
- ☐ Plan activities suitable for all ages
- ☐ Make arrangements to obtain any equipment needed (BBQ, Garbage Cans, Coolers, etc.)
- ☐ Designate areas for food, garbage, sitting, and activities
- ☐ Ensure set-up on roads have the ability to be moved quickly in an emergency situation
- ☐ At the end of the party make sure everything is put back in its original condition (Trash/Recycling picked up, signs taken down, etc.)

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Block Party Application

Contact Information:

Applicant(s) First & Last Name:_____

Street Address:_____

Postal Code:_____

Email:_____

Phone:_____

Event Information:

Location:_____

Date of Party:_____

Start Time:_____

End Time:_____

How many people are expected to attend?_____

Street Closure

Will you require barricades? Yes No

FOIP Disclaimer

The personal information provided will be used for block party purposes within the Town of Gibbons. This information is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Town of Gibbons FOIP coordinator.

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Block Party Application

Terms & Conditions:

1. Applicant must be a property owner in the block to be used.
2. Applicant is responsible for barricades, garbage cans, signage, and must remain onsite until conclusion of the event.
3. Applicant is responsible for clean-up and ensuring that the state of the street is back to its original condition.
4. Emergency access must be permitted and available during the event.
5. Applicant must adhere to the Noise Control Bylaw and ensure that noise levels do not disturb areas not included in the event. Alcohol is NOT permitted anytime on any public property. No unauthorized fires or fireworks are permitted.
6. The applicant assumes the responsibility and risk for the event entirely, and understands that there are risks and liabilities to holding a block party. To protect the applicant it is recommended that they look into homeowners insurance for events coverage or purchase temporary coverage for this event.
7. Special permission must be given to block party events by the Town of Gibbons if they wish to include inflatable houses, livestock (petting zoo/ pony rides), or slides on public property.
8. The applicant agrees the Town of Gibbons, its employees, managers, servants, or representatives are NOT responsible for any injury and/or damage to persons or property which was caused by activity, conditions, or events arising the block party (as per this application).

I have read and agree to abide by the terms and conditions stated above.

Applicants signature:_____ Date:_____

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PERMISSION TO BLOCK THE STREET

To gain approval to block your street, you must have permission from all residents who are affected by the closure. This form must be signed and submitted 10 days prior to the event. Submit this form to the Town of Gibbons Community Services (information below).

Date of Block Party:_____ **Hours:**_____ **to** _____

Location:_____

Date	Name (Please Print)	Address	Signature of Consent

*If additional signatures are required, you can make additional copies of this form

Submit form to:

Town of Gibbons—Community Services Department

Gibbons Family Resource Centre—5016 50 Street, Gibbons, AB T0A 1N0

Email: kfahlman@gibbons.ca Phone: 780-923-2374

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