



APPLICATION FOR PERMISSION TO HOLD A MARINE LEISURE EVENT

Applicants should refer to Marine Leisure Events – Guidance for Organisers when completing this form.

EVENT DETAILS

NAME OF EVENT:	
LOCATION:	
DATE(S):	START/END TIME:
CHARITY EVENT: (yes or no)	· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF EVENT:	
/ESSELS	
NO OF VESSELS:	NO OF SUPPORT VESSELS:
TYPE(S) OF VESSELS:	NO OF SOFFORT VESSELS.
111 E(3) OF VESSEES.	
TYPE(S) OF SUPPORT VESSE	S:
CONTACT DETAILS - note t	hat this should be the person contactable on the day of the event
ORGANISATION NAME:	
CONTACT PERSON:	TEL:
EMAIL:	IEL.
EIVIAIL:	

Completed forms and supporting documentation should be submitted to:

clydemarinemanagers@peelports.com

Risk Assessment

Communications Plan

Certificate of Insurance

Emergency Plan/Procedures

Method Statement (or Event Plan)

2.

4.

5.