



NATIONAL NIGHT OUT PORTSMOUTH
REGISTRATION FORM
August 2nd • Portsmouth City Park • 4-8p.m.



DATE: _____

REGISTRANT CONTACT NAME: _____

REGISTRANT CONTACT EMAIL: _____

REGISTRANT CONTACT PHONE: _____

ORGANIZATION TYPE:

☐

CIVIC LEAGUE

☐

CHURCH

☐

SCHOOL

☐

CHARITY

☐

BUSINESS

☐

PUBLIC ORGANIZATION

ORGANIZATION NAME: _____

EVENT LOCATION: _____

SPECIAL NEEDS AND REQUESTS:

**Chairs, tables, and tents will not be provided and all
spaces are first come first serve.**

ADMINISTRATIVE REVIEW:

Approved ☐

Not Approved ☐

Electricity ☐

Separate Registered Event ☐

Shelter Needed ☐

Table/2 Charis ☐

Open Space ☐

Review Date: _____

Staff Initials: _____

Locations of Event Participation _____