

**ARCADIA MANAGEMENT COUNCIL  
ACTIVITY/SPECIAL USE PERMIT APPLICATION**

**NAME OF ORGANIZATION:**

**PERSON RESPONSIBLE FOR EVENT/ACTIVITY:  
NAME:**

**ADDRESS:**

**TELEPHONE: HOME:**

**WORK:  
FAX:**

**LOCATION/ MANAGEMENT AREA:**

**DESCRIPTION OF EVENT/ACTIVITY:**

**DATE(S) REQUESTED:** \_\_\_\_\_ **TIME: FROM:** \_\_\_\_\_ **am/pm TO:** \_\_\_\_\_ **am/pm**

**NUMBER OF PARTICIPANTS** \_\_\_\_\_ **NUMBER OF SPECTATORS** \_\_\_\_\_

If applicable a route or map of trails that are going to be used must be submitted with application.  
I agree to meet and adhere to all the requirements that will be set for the in the Activity Special Use Permit:

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

Activity/ Special use permit application should be submitted to the chairman of the Arcadia Management Council at least 30 days before the event date. Applications will be reviewed at the following council meeting from when the permit application was received. Organizations should not send notification out on upcoming event/activity until approval from AMC is given.

Submit applications to: **JAY B. ARON, CHAIRMAN  
ARCADIA MANAGEMENT COUNCIL  
DIVISION OF FOREST ENVIRONMENT  
260 ARCADIA ROAD  
HOPE VALLEY, RI 02832  
Telephone: (401) 539-2356 or 539-1052  
Fax: (401) 539-1157**