



## Online Form Submittal: OSTA Special Event Permit Application 2021

noreply@civicplus.com <noreply@civicplus.com>  
To: abook@grandcountyutah.net

Fri, Mar 11, 2022 at 1:38 PM

### OSTA Special Event Permit Application 2021

#### SPECIAL EVENT APPLICATION FOR OSTA EVENTS

#### APPLICANT INFORMATION

GRAND COUNTY, UTAH </DocumentCenter/View/12787/Ord-643-Special-Events-with-Exh-A>  
ORDINANCE 643 Special  
Events with EXH A

I have read and understand the Grand County, Utah Ordinance 643 Special Events EXH A Yes

I understand that All Grand County Permittee and Special Events shall comply with any County's Public Health Order and the Grand County Special Events Ordinance (Chapter 8.16 of the General County Ordinances) in effect at the time of the Special Event. Yes

COVID - PLEDGE </DocumentCenter/View/12786/Compliance-Pledge-FORM-rev-081921>

Fill out the COVID Pledge and upload to other documents at the bottom of the application.

I have read and understand the Covid Pledge. Yes

Statement of Authority </DocumentCenter/View/12788/STATEMENT-OF-AUTHORITY>

A COVID-19 plan will require the prohibition of spectators while in high or moderate risk.

COVID-19 EVENT PLANNING TEMPLATE [/DocumentCenter/View/11365/COVID\\_19\\_Event\\_Planning\\_Template\\_Fillable\\_Form](/DocumentCenter/View/11365/COVID_19_Event_Planning_Template_Fillable_Form)

Fill out the COVID 19 Template in detail. Upload to other documents at the bottom of the application.

*A detailed summary will need to be submitted on how you intend to enforce the mask mandate during your event. Please include this with your COVID Template.*

OSTA Security / Compliance Officer	Yes
Today's Date	3/11/2022
First Name	MALORIE
Last Name	IRVIN
Application Type	New Application
Applying 180 business days prior to the first day of the event?	yes
Applicant Name:	Malorie Irvin
Business or Organization:	American Alpine Club
Mailing Address:	710 10th Street Suite 100
City	Golden
State	CO
Zip	80401
Email Address:	<a href="mailto:moabcraggin@americanalpineclub.org">moabcraggin@americanalpineclub.org</a>
Phone:	8127199120
Cell:	8127199120
Event Web Address:	<a href="https://americanalpineclub.org/home">https://americanalpineclub.org/home</a>
Contact on-Call During the Event:	Malorie Irvini
Contact's Cell Phone:	8127199120
Contact's Email:	<a href="mailto:moabcraggin@americanalpineclub.org">moabcraggin@americanalpineclub.org</a>
Alternative on-Call:	Heidi McDowell
Alternative on-Call Cell Phone:	209.614.4695
Alternative on-Call Email:	<a href="mailto:hmcdowell@americanalpineclub.org">hmcdowell@americanalpineclub.org</a>
<b>EVENT DETAILS</b>	
Event Name:	Moab Craggin' Classic
Specific Description of Event:	Climbing Festival promoting inclusion and advocacy
Preparation Begins	11/2/2022 1:00 PM

WED ?

Event Start Date & Time	11/4/2022 8:00 AM
Event End Date & Time	11/6/2022 2:00 PM
Clean-up Completed	11/7/2022 2:00 PM
Please indicate which locations your event will be renting on OSTA grounds (Main Arena, Pavilion, Ballfields, Outdoor Arena, Parking lots, etc.)	Racetrack, parking lot and pavilion ✓

**Security /Cleaning Deposits**

*Required at least 8 weeks prior to event. Deposit will be determined pending type of event, size, entertainment, and if alcohol will be served.*

Concession	<i>Field not completed.</i>
Managers/Food Handlers Permit	<i>Field not completed.</i>
Concessionaires Insurance	<i>Field not completed.</i>
Property Owner Affidavit	<a href="https://www.grandcountyutah.net/DocumentCenter/View/10950/Property-Owner-Affidavit">https://www.grandcountyutah.net/DocumentCenter/View/10950/Property-Owner-Affidavit</a>
Event Location & Property Description:	<i>Field not completed.</i>
Trails or Surrounding Land Use:	NA
Weather/Cancellation Policy:	NA
Ticket Sales:	<i>Field not completed.</i>

“Daily Total Attendance” shall mean and include all registrants, participants, spectators (including family of the registrants/participants), staff, hired entities or contractors, and volunteers.

Number of Event Staff & Volunteers	50
Maximum Number of Participants	250
Number of Spectators	200
Number of Event Staff & Volunteers	50
Maximum Number of Participants	250
Number of Spectators	200
Number of Event Staff &	50

Volunteers

Maximum Number of Participants 250

Number of Spectators 200

Number of Event Staff & Volunteers 0

Maximum Number of Participants 0

Number of Spectators 0

Number of Event Staff & Volunteers 0

Maximum Number of Participants 0

Number of Spectators 0

Number of Event Staff & Volunteers 0

Maximum Number of Participants 0

Number of Spectators 0

Number of Event Staff & Volunteers 0

Maximum Number of Participants 0

Number of Spectators 0

Number of Event Staff/Volunteers 0

Maximum Number of Participants 0

Number of Spectators 0

Number of Event Staff & Volunteers 0

Maximum Number of Participants 0

Number of Spectators 0

Daily total attendance Staff/Volunteers 50

Daily total of attendance of 250

Participants

Day Total of Spectators 200

CHECK YES OR NO FOR EACH

- |  |                            |
|--|----------------------------|
| 1. Event date verified with OSTA?  | Yes ✓                      |
| 2. Will you be serving alcohol?  | Yes, No → Please explain   |
| 3. Public street/road or parking lot closure?  | No                         |
| 4. Merchandise Sales/Vendors Requiring Sales Tax Collection?   | No                         |
| 5. Onsite Food Service Vendors Requiring Sales Tax Collection?   | No                         |
| 6. Security or Escort required?  | No                         |
| 7. Race, Parade or Pedestrian/Bicycle event?   | No                         |
| 8. Emergency Management Services required?   | No                         |
| 9. Additional needs-portable toilets, waste collection, & recycling?                                       | No                         |
| 10. Stages, platforms, scaffolding, bleachers grandstands, canopies, tents, booths, vehicles and trailers? | Yes (circled) Need Details |
| 11. Approval/permits from other entities? (see section 10 below for more details)                          | No                         |
| 12. Is Grand County listed as an Additional Insured on Certificate of Insurance?                           | Yes ✓                      |
| 13. Is power required  | Yes ✓                      |
| 14. Is water required  | Yes ✓                      |
| 15. Furniture Rental (Tables, Chairs, Sound System, Timing Equipment, etc)                                 | Yes (circled) Amounts      |

16. Will you require compacting of arena dirt (floor)	No
17. Hiring of OSTA Staff for cleaning during/after event	Yes <i>Need to review</i>
18. Any Special Deliveries	No
19. Will you have live entertainment (bands, DJ's, shows, animal events, etc)	Yes <i>Need details</i>
20. Will your event require any Tractor time, or implement use	Yes <i>Need details</i>
21. Will your event require use of stalls/pens for overnight use.	No
22. Will you event offer overnight camping options.	Yes ✓
23. If renting Ballfields - Will you require lighting	No
24. Will you require any rail/pen removal	No

*If you answered yes to any of the above questions, please supply more information below as pertinent to each question. OSTA highly suggest site visits and in person meetings prior to any large event.*

*Field not completed.*

**1. DATE VERIFICATION WITH THE OLD SPANISH TRAIL ARENA**  
*We ask that all events verify their event dates for site availability and event conflict. Contact OSTA to discuss availability. Contact numbers are (435) 259-1311 or (435) 259-6226 you may also email Angela Book Director of OSTA at [abook@grandcountyutah.net](mailto:abook@grandcountyutah.net) \*DATES ARE NOT CONSIDERED VERIFIED UNTIL OSTA HAS DATES POSTED ON EVENT CALENDAR\* Verification of dates is not a guarantee of approval for event. The SEC will review all applications and issue permit numbers.*

**2. TRAFFIC PLAN - STREET/ROAD OR PARKING LOT CLOSURE: DETAILED MAP & OUTLINE REQUIRED**  
*All events that require street closures have street activities or require public parking to be blocked off must provide the following information and a Traffic Control Plan and uploaded with the site plan. All of the following must be on the site/sketch plan. All street closures proposed. Races indicate the start/end locations. Entrances and Exits. Parking and overflow parking needs to have the number of estimated vehicles. Applicants may work directly with Grand County to provide these services.*

Please contact the Sheriff's Office and the Road Department for a cost estimate for providing this service.

Sheriff's Office (435) 259-8115 [swhite@grandcountysheriff.org](mailto:swhite@grandcountysheriff.org)

Road Department (435) 259-5308 [bjackson@grandcountyutah.net](mailto:bjackson@grandcountyutah.net)

Specify street/road(s) indicated on the Event Site Plan Sketch & Traffic Control Plan attached to this application. Streets or parking lots may only be barricaded for the date and hours specified below. Due to extraordinary demands placed on public roads by special events, Grand County reserves the right to require an engineered traffic plan for events expecting more than 250 participants.

Street(s)/Road/Hwy to be closed: Attach Detailed Map. *Field not completed.*

Date of Street or Parking Lot Closure: *Field not completed.*

Time(s) of Street or Parking Log Closure: *Field not completed.*

Name of Traffic Control Coordinator: *Field not completed.*

Phone: *Field not completed.*

### 3. ESCORT OR SECURITY:

Grand County Sheriff's Office reserves the right to specify the need for escorts and/or the number of security personnel required at an event. The Sheriff's Office will review all Special Event Permit applications for required escort and/or security arrangements. The safety of the community and attendees are a primary concern at all times.

By signing this Special Event Permit application I certify I have read, understand and agree to the conditions as set forth by the Sheriff's Office and any other conditions deemed appropriate.

Applicants may make their own arrangements for escorts/security or may work directly with the Sheriff's Office to provide these services. Please contact the Sheriff's Office for a cost estimate for providing this service.

Sheriff's Fees;

Special Events shall be subject to any applicable Sheriff fees established by the G.C. Consolidated Fee Schedule.

Sheriff's Office (435) 259-8115 [swhite@grandcountysheriff.org](mailto:swhite@grandcountysheriff.org)

The applicant will provide security or escort for the Special Event through the company listed below.

Name of Escort/Security *Field not completed.*

Company:

Contact Person Name: *Field not completed.*

Security Contact Phone: *Field not completed.*

Email: *Field not completed.*

#### 4. EMERGENCY MEDICAL SERVICES:

*Grand County EMS reserves the right to specify need for and number of Emergency Medical Staff required at an event. The EMS Department will review all Special Event Permit applications for required medical services. The safety of the community and attendees are primary concern at all times. Indicate which arrangement is planned for this event.*

EMS Guidelines <https://www.grandcountyutah.net/DocumentCenter/View/7445/EMS-Guidelines>

EMS Department (435) 259-1301

Indicate One *Field not completed.*

Agreement (Yes or No) *Field not completed.*

Name of Staff/Volunteer *Field not completed.*

Contact Phone *Field not completed.*

Contact Email *Field not completed.*

Name of Staff/Volunteer *Field not completed.*

Contact Phone *Field not completed.*

Contact Email *Field not completed.*

Name of Staff/Volunteer *Field not completed.*

Contact Phone *Field not completed.*

Contact Email *Field not completed.*

If you have additional Staff/Volunteers upload the information here. *Field not completed.*

CPR Certifications can be uploaded here or as described below. *Field not completed.*

*The applicant will provide Emergency Medical Services for the Special Event. Fill out the following.*

Name of Medical Provider: *Field not completed.*

Contact Person Name: *Field not completed.*

Contact Phone: *Field not completed.*

Email: *Field not completed.*

Name of Staff Member *Field not completed.*

Contact Phone Number *Field not completed.*

Contact Email *Field not completed.*

Name of Staff Memeber *Field not completed.*

Contact Phone Number *Field not completed.*

Contact Email *Field not completed.*

Name of Staff Member *Field not completed.*

Contact Phone Number *Field not completed.*

Contact Email *Field not completed.*

GPS coordinates for  
Helicopter Landing Zone  
(remote event): *Field not completed.*

GPS coordinates for first aid  
locations and important  
intersections: *Field not completed.*

**Livestock Events:**

*A veterinarian may be required to be on site at all times during your event.*

Name of Veterinarian Clinic *Field not completed.*

First Name MALORIE

Last Name IRVIN

Street Number *Field not completed.*

Street Name *Field not completed.*

Street Type *Field not completed.*

City *Field not completed.*

State *Field not completed.*

Zip *Field not completed.*

Office Number *Field not completed.*

Cell Number *Field not completed.*

Emergency Number *Field not completed.*

Attach Communications Plan for event emergencies. Be sure site map includes EMS locations.

*Names and certifications of all medical providers shall be attached with the application. See EMS Special Event Guidelines.*

**5. STAGES, PLATFORMS, SCAFFOLDING, BLEACHERS, GRANDSTANDS, CANOPIES, TENTS, BOOTHS, VEHICLES, AND TRAILERS:**

*May require inspection by the Building Department and/or Fire Department.*

**PLEASE NOTE ALL SECURING OF STRUCTURES NEED TO BE APPROVED THROUGH OSTA (CERTAIN LOCATIONS DO NOT ALLOW STAKING AND WATER BARRELS WILL BE REQUIRED)**

**OSTA DOES NOT ALLOW VEHICLES ON THE CONCRETE FLOOR OF THE PAVILION! SPECIAL INSTRUCTIONS NEED TO BE GIVEN FOR VEHICLES ON THE GRASS.**

**NO OBJECTS THAT TAKE FLIGHT ARE ALLOWED ON OSTA PROPERTY WITHOUT PROPER AUTHORIZATION.**

**NO BOUNCE HOUSES ARE ALLOWED AT OSTA.**

Describe any semi-permanent, mobile or moveable buildings, structure or vehicles to be used including stages, carts, stands, fences and barriers and attach illustrations and indicate location of these items on the Site/Sketch Plan.

(1) mobile stage, the rest will be 10x10 tents for Sponsors

*Need Specs of Stage & safety plan*

*Please contact the Building Dept. and Fire Department for information regarding permitting and inspections.*

Building Department (435) 259-1344 [bhulse@grandcountyutah.net](mailto:bhulse@grandcountyutah.net)

Fire Department (435) 259-5557 [bmcguffeemoabfire@gmail.com](mailto:bmcguffeemoabfire@gmail.com)

**6. ALCOHOL PERMIT:**

*Complete the state & county approval process 60 days prior to the first day of the event's proposed date to start. Please contact the County Clerk's Office for temporary alcohol permit information (435) 259-1321. Local consent is granted by Grand County Commission and must be approved and processed prior to obtaining a required Special Event Permit from the Utah Department of Alcohol Beverage Control (DABC) [www.abc.utah.gov](http://www.abc.utah.gov) (801) 977-6800*

Approval letter from the Grand County Commission and the DABC.  
*Download approval letters at the bottom of the application in Other Related Documents.*

**CHECK THE COUNTY COMMISSION MEETING DATES - THEY MEET TWICE A MONTH, YOU WILL NEED TO GET ON THE AGENDA FOR APPROVAL. THIS WILL START THE 60 DAY PROCESS.**

Beer Garden

Include location on the site/sketch plan.

## 7. BUSINESS LICENSE & SALES TAX COLLECTION

Temporary Business License is obtained at the County Clerk's Office (435) 259-1321.

Attach Business License

[American Alpine-Moab Craggin Classic \(2\).pdf](#)

Utah State Temporary Sales  
Tax Application

<https://www.grandcountyutah.net/DocumentCenter/View/11347/Single-Vendor-Application-1>

Special Event Sales Tax  
License

<https://tax.utah.gov/sales/specialevents#temporary>

Attach Utah Sales Tax  
License

Field not completed.

• <http://bit.ly/TempBizForm> - Required for all non-resident applicants; otherwise attach the local Moab or County annual business license.

• <http://bit.ly/TempUTStateTax> - Required for all out-of-state applicants; otherwise attach the annual Utah State Tax License or 501 (c) 3 document.

Utah State Tax Licensing is obtained by contacting the Special Events Unit in the Salt Lake City Office at 801.297.6303 or 1.800.662.4335, ext. 6303. Email: [specialevent@utah.gov](mailto:specialevent@utah.gov) or website: <http://tax.utah.gov/sales/specialevents>

501(c)3

Attach a copy of your 501 (c) 3

Attach 501 (c) 3 document

[non-profit.pdf](#)

## RAFFLES AND GAMBLING ARE ILLEGAL IN THE STATE OF UTAH

### A. Merchandise Vendors:

*It is the responsibility of the event organizer to provide all vendors with the information they need to collect and remit sales tax on the sale of food, drinks, souvenirs, services and any other taxable item or activity at the special event. It is the responsibility of the event organizer to pay tax on the retail sales of admissions according to the location of the activity or event regardless of the ticket purchase location. Temporary licenses are issued to each individual participant of a special event or the promoter of a special event may receive a number of temporary licenses for the vendors participating in his/her show. Each Special Event Licensee is responsible for ensuring compliance with Utah State Tax Commission requirements*

Vendors

Vendors name and location on the site/sketch plan.

Number of Merchandise

0

Vendors:

1. Name of Company/Vendor, *Field not completed.*  
Contact Name

Sales Tax Number *Field not completed.*

Phone *Field not completed.*

2. Name of Company/Vendor, *Field not completed.*  
Contact Name

Sales Tax Number *Field not completed.*

Phone *Field not completed.*

3. Name of Company/Vendor, *Field not completed.*  
Contact Name

Sales Tax Number *Field not completed.*

Phone *Field not completed.*

4. Name of Company/Vendor, *Field not completed.*  
Contact Name

Sales Tax number *Field not completed.*

Phone *Field not completed.*

If you have more than four vendors please attach additional information. *Field not completed.*

**B. Food Vendors:**

*Food Service Vendors require a Food Service Permit, <http://grandcountyutah.net/DocumentCenter/View/3725>, please complete and submit to Southeast Utah Health Department. See Temporary Food Service Permit for instructions. Food service already authorized by city, county and/or SEUHD to conduct in Moab and Grand County are exempt.*

**Food Vendor**

*Food Vendor name and location on the site/sketch plan.*

Additional Insurance requirements for using OSTA concession *Field not completed.*

Attach Insurance *Field not completed.*

Number of Food Vendors\*: 0

Temporary Food Service Permit Application <https://www.grandcountyutah.net/DocumentCenter/View/7446/Temporary-Food-Service-Permit-Application>

1. Name of Company/Vendor, *Field not completed.*  
Contact Name

Sales Tax Number *Field not completed.*

Phone *Field not completed.*

2. Name of Company/Vendor, *Field not completed.*  
Contact Name

Sales Tax Number *Field not completed.*

Phone *Field not completed.*

3. Name of Company/Vendor, *Field not completed.*  
Contact Name

Sales Tax Number *Field not completed.*

Phone *Field not completed.*

4. Name of Company/Vendor, *Field not completed.*  
Contact Name

Sales Tax Number *Field not completed.*

Phone *Field not completed.*

If you have more than four *Field not completed.*  
vendors please attach  
additional information.

**8. JEEP, UTV, RACE, PARADE, OR PEDESTRIAN / BICYCLE EVENT:**  
*If this is a Jeep or 4X4 Event, NO UTV or ATV's are permitted. All UTV and ATV  
Events must be approved by the Grand County Commission.*

Number & Type of Motor *Field not completed.*  
Vehicles to be used (if any):

Number of Walkers/Foot *Field not completed.*  
Racers:

Number of Bicyclists *Field not completed.*

Description of staging/pre- *Field not completed.*  
event gathering and finish  
areas and event route:

**9. ADDITIONAL NEEDS-PORTABLE TOILETS, GARBAGE COLLECTION, &  
RECYCLING:**

*The following requirements must be met.*

Sanitation - Garbage - Recycling

*Name and location of all restrooms, garbage cans, and recycling locations.  
Site/sketch plan.*

Sanitation Service commitments, including the following minimum requirements:  
daily, compost, recycling and garbage pick-up, daily restroom hauling and cleaning,  
handwash replenishing, and waste diversion plan.

Bathroom Facilities

*Daily restroom hauling and cleaning. Specify their locations on your Site Plan*

Sketch.

Sanitation Service Providers Name *Field not completed.*

Phone *Field not completed.*

Email *Field not completed.*

Attach Sanitation Contract if applicable. *Field not completed.*

Garbage:

*Daily garbage pick-up.*

Please describe your detailed clean up plan during and after the event: Volunteers to assist with trash pickup and cans.

Attach Garbage Contract *Field not completed.*

Recycling:

*Required and is the responsibility of the permit holder. This must be a detailed description of how recyclables will be sorted and where it will be recycled.*

Please describe in detail your recycling plan: Volunteers to assist.

Attach Recycling Contract if applicable. *Field not completed.*

If not recycling, a fee will be added to meet Sustainability requirements to dispose of trash as Grand County sees fit.

10. APPROVAL/PERMITS FROM OTHER ENTITIES (PLEASE CHECK ALL THAT APPLY):

*Grand County's Special Event Permit does not exclude you from having to permit with other entities neither can Grand County issue permits or approve activities on behalf of other jurisdictions. It is the responsibility of the organization or event planner to secure any and all necessary approvals from other entities.*

Permits from other entities, if applicable. Please check all that apply: *Field not completed.*

Permit from other entity *Field not completed.*

Permit from other entity *Field not completed.*

Permit from other entity *Field not completed.*

Permit from other entity *Field not completed.*

11. Proof of Insurance

A copy of your Certificate of Insurance naming Grand County as an Additional Insured in an amount not less than \$1 million per occurrence and \$1 million

aggregate unless a letter amount is approved in writing by the Commission, Administrator or County Attorney.

Grand County 125 East Center Street Moab Utah 84532

Upload copy of Certificate of Insurance [Grand County\\_COI.pdf](#)

Indemnification & Liability Agreement Affidavit <https://www.grandcountyutah.net/DocumentCenter/View/7449/Indemnification--Liability-Agreement-Affidavit>

Indemnification and Liability Agreement *Field not completed.*

REFER TO EXHIBIT A - 8.16.090 in the Grand County Ordinance 643 (2021)  
A list/description of Special Events requirements

The list below is for you to check off the documents as you have uploaded them.

#### CHECKLIST OF REQUIRED ATTACHMENTS / TASKS:

REQUIRED ATTACHMENTS / TASKS: The following supporting materials are required: Conformation from OSTA verifying date. A signed OSTA agreement will be required., Certificate of liability insurance: current policy names Grand County additionally insured , Signed Indemnification Agreement , Signed Pledge, Signed Statement of Authority, A description of the number and types of vendors planned for the event

Site Plan and/or Detailed Course Map *Field not completed.*

OSTA Site Map </DocumentCenter/View/11370/OSTA-Site-Plan>

Site Plan and/or Detailed Course Map *Field not completed.*

Other Related Documents [IndemnificationLiability Agreement.pdf](#)

2021 Fee Schedule </DocumentCenter/View/12007/OSTA-Fee-Schedule>

#### GROUND FOR DENIAL

8.16.130 Grounds for Denial The Committee, or the County Commission upon referral, may deny an application for a Special Events Permittee for any of the following reasons: 1. Applicant submits incorrect, incomplete, or false information; 2. The proposed Special Event threatens or is incompatible with the public health, safety, peace, comfort or welfare of Grand County residents or visitors, including community or neighboring uses and morales, or may result in an unreasonable inconvenience or cost to the public; 3. The zoning of the proposed event site does not permit the use contemplated by the applicant; 4. Applicant refuses or fails to pay required fees or to comply with permit requirements or conditions; 5. Impacts associated with the proposed Special Event cannot be mitigated; 6. Applicant does not meet the deadlines and timelines required herein; 7. The proposed Special Event places unreasonable competing demands on County resources and/or

conflict in proposed date(s), time and location with a reoccurring Special Event that is in good standing with the Committee and/or has an established annual date or season; 8. The Committee otherwise supports a denial based on Post Event Evaluation(s) and community complaints regarding incompatibility of the event with community health, safety, comfort, peace, and welfare; or 9. Executive or Public Health orders preclude the Event as per the order's provisions. In the event of denial of a Special Events Permit, the applicant may submit a written appeal to the County within thirty (30) days of the Final Decision pursuant to Title 1 of the Grand County Ordinances.

#### APPLICANT CERTIFICATION

I certify under penalty of perjury that this application and all information submitted as a part of this application are true, complete and accurate to the best of my knowledge. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Grand County may rescind any approval, or take any other legal or appropriate action. I also acknowledge that I have reviewed the applicable Grand County Ordinance located on the County website ([grandcountyutah.net](http://grandcountyutah.net)) and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to the event. I understand approval is non-transferable and valid only for the above mentioned location, dates, and applicant.

Applicant Certification                      By checking this box and typing my name below, I am electronically signing my application.

First Name                                      Malorie

Middle Initial                                  *Field not completed.*

Last Name                                        Irvini

Date    3/11/2022

#### OSTA Contact Information:

The Old Spanish Trail Arena 3641 S. HWY 191(Physical) 125 E. Center St.  
(Mailing) Moab, UT. 84532 (435) 259-1311 or (435) 259-6226

[abook@grandcountyutah.net](mailto:abook@grandcountyutah.net)

Email not displaying correctly? [View it in your browser.](#)