



PRIMARY CONTACT NAME

FULL NAME _____

ADDRESS _____

CITY, ST, ZIP CODE _____

PHONE _____ LANDLINE CELL

EMAIL ADDRESS _____

HOSTING GROUP FOR-PROFIT NON-PROFIT

NAME _____

ADDRESS _____

CITY, ST, ZIP CODE _____

EMAIL ADDRESS _____

PHONE _____ LANDLINE CELL

EVENT NAME

PROPOSED DATE

EVENT BENEFIT

FUND-RAISING SOCIAL/AWARENESS LEISURE/ENTERTAINMENT

EVENT DESCRIPTION

PROPOSED SET-UP DATE

PROPOSED SHUT DOWN DATE

PROPOSED CLEAN UP

MMM/DD/20

MMM/DD/20

MMM/DD/20

Morning

Afternoon

Evening

Morning

Afternoon

Evening

Morning

Afternoon

Evening

TARGET AUDIENCE:

Youth Teen Adult

ANTICIPATED ATTENDANCE:

WHAT WILL YOU SET-UP FOR THE EVENT?

Tables, Chairs or Furniture

Food or Drink Service

Music, Speech or Sound

Signage or Lights

Other

WHAT ARE THE EXISTING FACILITY NEEDS:

Water

Electricity

Benches and seating

Signage Placement (On Fence)

By signing this document, I hereby certify that I am a legal representative of the referenced entity/person with authority to act and make requests on behalf of said entity/person. I hereby certify, to the best of my knowledge, that all information provided and submitted is true and not falsified. I understand that completing this document does not guarantee approval as they are subject to scheduling and qualification.

Printed Name, Title

Signature

Date