## **EVENT APPLICATION**

Date Submitted:			
CONTACT IN	VFORMATION OF THE STATE OF THE	ON	
Name:			
Organization:			
Address:			
Email:			
Phone:			
Website:			
Production Company Name/Phone #: Have			
you held an event with us before?	YES	NO	
Is your organization tax exempt? YES	NO	(If YES, send appropriate	documentation)
Can you provide your own insurance?	YES	NO	
EVENT IN	FORMATIO	N	
Title of event:			
Budget for event:			
Expected attendance:			
Sponsors for event:			
Space needed for event:			
_	Charity Wall	k/Run Concert	Festival
Event Public or Private: Public Pr	ivate		
Target Audience: Gender:	Age Range:		
Brief description of event:			
•			

Desired day(s) of week, dates & times (include load in and move out):



## EVENT APPLICATION (cont'd)

Rescheduled date & time (if needed)
List of equipment needed:
Food & Beverage requests:
Special requests or needs: