

EVENT APPLICATION

Name Of Event					
	1	Ot- of Times	1	True d' Time e	1
Date(s) Requested		Start Time		End Time	
Company/Group Name	ì		T		
501(c) Entity	Yes ☐ (must provide proof)		No □		T
Contact Name				Title	
Address					
Phone		Cell			
Email					
Website					
What is the event for/purpose of event?					
Who is benefiting from event?					
Proposed location/space requirements					
What will you be distributing/giving away?					
Are any sponsors involved? (please list)					
Will you need electricity: ☐ Yes ☐ No If yes, please describe your requirements					
How will event be promoted?					