Co-Sponsored Event Request Form All Sections MUST be filled in. Incomplete forms will be returned. Sorry, no exceptions.

Event Name / Artist				Target Audience
Event Description	n			
ent contact is:		Phone:		Email:
enue Info				
	<u>Day</u>	Time (From/To)	<u>Venue Name</u>	Location
		_		
		_		
		-		
Additional Informa				
ckets or Registrat	ion	Doors Open:	Registra	tion Begins:
□ Tickets/Registration will be handled by:				
			Web:	
Pricing and other tic	Ket/Tegi			
r omotion (Printed M Budget available fo				
			for 🦳 Printed ma	aterial 🦳 Web article 🦳 Outside advertising
			F	Ticket Giveaways
				Live Reads Needed
ehicles 🗆 🗆	Vhite Var			
	ville val			
ech Equipment			ovided, as soon as possible	e, ensures equipment availability.
Explain what equipme	nt is nee	ded.		
Submission of	form do	es not quarantee approval	Tt is requester's responsi	bility to check the calendar for availability.
	pleted fo	rm along with any attachm	ents. (Attach files <u>after</u> c	slicking on the "Submit by Email" button.) ssed in the order received.