

Memorial Plaza Usage Application

(Please Print)

Applicant Information:

Organizing Individual Name: _____

Address: _____

Driver's License Number: _____

Phone Number: _____

Email: _____

Group/Organization Information:

Name: _____

Address: _____

Phone: _____

Contact Information:

Name (if other than applicant): _____

Address: _____

Phone: _____

Email: _____

Event Information:

Nature: _____

Date/Time: _____

Anticipated Number of Attendees: _____

Areas Requested to be Used: _____

Applicant Signature/Date: _____

>For Office Use Only<

Deposit Received: _____ Certificate Of Insurance: _____ Received By: _____

Reviewed By: _____ Approved/Denied: _____