



## EVENT BOOKING FORM

Type of Function: \_\_\_\_\_

Date of Function: \_\_\_\_\_

Set up start time: \_\_\_\_\_ Clean Up End time: \_\_\_\_\_

Function Start Time: \_\_\_\_\_ Function Stop Time: \_\_\_\_\_

Approximate number attending: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact email: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance Policy Liability Expiration Date: \_\_\_\_\_

- Fill this out, attach insurance and turned in to the office for approval
- Upon approval, you will receive a copy of this form and waivers to be filled out by all parties attending prior to your start time.

***Participants must sign a waiver prior to the function. Waivers must be handed into the office.***

\*\*\* Official Use Below \*\*

Approved: \_\_\_\_\_

Declined: \_\_\_\_\_ Reason: \_\_\_\_\_