



FACILITY RENTAL APPLICATION

PLEASE REMIT TO: patrick@jvcbroadcasting.com

CHECK ONE: CONCERT _____ THEATER _____ CAR/BIKE SHOW _____ SEMINAR _____ OTHER _____

NAME OF THE EVENT: _____

DAY & DATE REQUESTED: _____

SECONDARY DATE: _____

HOURS OF EVENT: FROM _____ TO _____

ORGANIZATION _____

ADDRESS _____

TELEPHONE _____

PROJECTED ATTENDANCE _____

TICKET PRICE _____

LISTS OF ARTISTS (IF APPLICABLE) _____

SPONSORS (IF APPLICABLE) _____

ANY ADDITIONAL INFORMATION THAT WILL AID US IN THE DECISION MAKING PROCESS:

APPLICANTS NAME _____

APPLICANTS EMAIL _____

APPLICANT SIGNATURE: _____