

Facility Use Application

Allied Arts Association

Name of event _____ Name of applicant _____

Day(s), date(s) and time(s) of event:

Applicant's contact information:

Phone _____ E-mail Address _____

Mailing Address _____

Maximum number of participants _____

Fee or admission per participant _____ Fee for Allied Arts members _____

Name of Allied Arts member continually onsite of the activity? _____

Phone or email address _____

Description of the activity:

Will participants be using paint or other liquid media? _____ If "yes", please describe.

Are tables or other items required for the event beyond seating? (please describe)

Applicant's signature _____ date _____

••For Allied Arts use only•• Application approved by board? yes no Fee required? yes no

Total donation paid \$ _____ Room assigned _____

Authorizing signature _____ Position _____

Date _____