



EVENT RENTAL APPLICATION

COMPLETION AND PRESENTATION OF THIS APPLICATION DOES NOT GUARANTEE THAT A LEASE WILL BE ISSUED FOR THE DESCRIBED EVENT.

The undersigned, hereinafter referred to as the applicant, hereby makes application for permission to use portions of the Greensboro Complex as noted below, on the date(s) requested for the specific purposes indicated. In the event of conflicting applications, the Greensboro Complex reserves the right to select the events to be presented in the facility that are in the best interest of the Complex. However, the Greensboro Complex will make every effort to accommodate all qualified events. This application must be processed before a lease agreement can be prepared for an event.

Please attach additional documentation or collateral material that would be helpful in evaluating the event application.

EVENT

EVENT DATES(S) REQUESTED	_____		
MOVE-IN/MOVE-OUT DATES	_____		
FORMAL NAME OF EVENT	_____		
PURPOSE/TYPE OF EVENT	_____		
EMAIL ADDRESS	_____		
APPLICANT NAME	_____		
ORGANIZATION	_____		
PHYSICAL ADDRESS	_____		
	CITY _____	STATE _____	ZIP _____
TELEPHONE	WORK _____	CELL _____	

ORGANIZATION CLASSIFICATION (Please attach appropriate verification)

CORPORATION	_____	FOR PROFIT	_____
PARTNERSHIP	_____	NON-PROFIT	_____
SOLE PROPRIETOR	_____		
FED TAX ID	_____	TAX EXEMPTION	_____
BANKING INSTITUTION	_____	BANK TELEPHONE	_____
NAMES OF PRINCIPALS AND/OR OFFICERS			
Names/Titles	Email	Telephone	
_____	_____	_____	
_____	_____	_____	

INSURANCE PROVIDER

INSURANCE CARRIER	_____		
CONTACT PERSON	_____		
EMAIL	_____		
PHYSICAL ADDRESS	_____		
	CITY _____	STATE _____	ZIP _____
TELEPHONE	WORK _____	CELL _____	

FACILITIES USED FOR PRESENTING SIMILAR PAST EVENTS

Facility/Dates	_____	Contact/Telephone	_____
Facility/Dates	_____	Contact/Telephone	_____
Facility/Dates	_____	Contact/Telephone	_____

The information listed in this application is complete and accurately presented to the best of my knowledge.

SIGNATURE _____ **DATE** _____