

REQUEST FORM

Please answer ALL questions

REQUESTS MUST BE SUBMITTED A MINIMUM OF
TWO WEEKS PRIOR TO YOUR EVENT



DATE REQUEST SUBMITTED _____

EVENT NAME: _____

Requestor's Name: _____ Email: _____ Phone: _____

Event Coordinator's Name: _____ Email: _____ Phone: _____

Organization: _____ Organization Address: _____

Organization Representative to be present at and responsible for event: _____

<u>EVENT DATE</u>	<u>ACTUAL TIME OF EVENT</u>	<u>TIME NEEDED FOR SET-UP/PREGAME & BREAKDOWN</u>	<u>ANTICIPATED ATTENDANCE</u>	<u>FACILITY/FIELD/ROOM REQUESTED</u>	<u>FACILITY/FIELD/ROOM ASSIGNED</u> (To be completed by WNYBA Staff)

NATURE OF EVENT:

WILL THIS EVENT GENERATE MEDIA COVERAGE? No Yes

Will event be open to the public? No Yes Event Admission: Amount \$ _____

Will VIPs be in attendance? No Yes If so, please provide names: _____

Party responsible for set-up/breakdown: _____

Will refreshments be served? No Yes Who will provide them? _____

What other services will be needed?

ROOM/FIELD ASSIGNED BY: _____ DATE: _____