



## Application for Facility Rental

Name of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Requested Location(s): \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Load-in Date(s): \_\_\_\_\_ Load-in Hours: From: \_\_\_\_\_ To: \_\_\_\_\_

Event Day #1: \_\_\_\_\_ Event Hours: From: \_\_\_\_\_ To: \_\_\_\_\_

Event Day #2: \_\_\_\_\_ Event Hours: From: \_\_\_\_\_ To: \_\_\_\_\_

Event Day #3: \_\_\_\_\_ Event Hours: From: \_\_\_\_\_ To: \_\_\_\_\_

Load-out Date: \_\_\_\_\_ Move-out Hours: From: \_\_\_\_\_ To: \_\_\_\_\_

Public or Private Event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_ Today's Date: \_\_\_\_\_

How did you hear about the Event Center? \_\_\_\_\_

### Applicant Information

Name of Applicant or Leasing Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Representative (w/signatory authorization): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Registered in the state of: \_\_\_\_\_ Tax ID# \_\_\_\_\_ UBI# \_\_\_\_\_

Principal Owners/Managers in Organization \_\_\_\_\_

List any other individuals, companies, or organizations involved in the production/promotion of this event:

\_\_\_\_\_

**Previous Promotions / Events / Experience**

Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Facility: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Facility: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

FSMG, at its sole discretion, shall maintain the right of approval or disapproval of this application for the rental of the Clark County Event Center.

Rental requirements include a \$1,000,000 General Liability Insurance Policy based on contract specifications, and may also include a Fire Marshal Assembly Permit fee. The insurance policy must name FSMG as Additional Insured, and include a Waiver of Subrogation in favor of FSMG.

Food and alcohol sales and service must be arranged through the facility caterer. Event power needs (not including building utilities) must be arranged through Hollywood Lights.

The applicant hereby agrees that the information provided herein is true and factual, that the applicant is not acting on behalf of any undisclosed parties or principals, and has provided a full, complete and accurate disclosure of the information contained herein. The applicant also understands that providing false information could result in the immediate cancellation of the event and/or the implementation of cancellation provisions of the Rental Agreement.

The applicant authorizes FSMG to make a complete and full review of all documents and information listed above, and authorizes the disclosure of all materials and records to this process.

This application does not guarantee space. Only a fully executed contract signed by both parties guarantees space.

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to:**  
 Clark County Event Center  
 17402 NE Delfel Road, Ridgefield, WA 98642  
 Phone: 360-397-6180 • Fax: 360-397-6185  
 Website: clarkcoeventcenter.com  
 Email: kathys@cceventcenter.org