



BARRIERE BANDSHELL
BOOKING APPLICATION FORM

Application submission date: _____

Name of Individual/Organization/Group: _____

Organization/Group Type: _____

Contact Name: _____

Contact Phone #: _____ Alternate Phone #: _____

Fax#: _____ Email: _____

Date(s) Requested: _____

Type/Description of music/entertainment to be presented: _____

*(*A list of music and/or an audition tape may be requested.)*

Have you read and understood the Bandshell Policy?* Yes No If yes, please initial: _____

**Policy is attached and is also available online at the District website*

Will this event be open to the Public? Yes No

Do you anticipate requiring security? Yes No

Do you anticipate requiring parking staff/volunteers? Yes No

Will a concession be part of your event? Yes No

Will you be collecting donations or other funds? Yes No *If yes, please describe:*

Please ensure the following accompanies this application:

References

Proof of Insurance *(if required. Please inquire with the District Office)*

-This Portion is for Office Use Only-

Application complete? _____

Proof of Insurance Required? _____

Security/parking requirements? _____

Additional Requirements: _____

Approval date: _____

Approved by: _____

Booked by: _____