



Event Request Form

Region (if applicable) _____ Start Date* _____ End Date* _____

Name of event _____

Hours of event _____ Arrival/Set up date** _____ Departure time _____

Person in charge _____ Phone # _____

Email address _____

Person in charge of waivers _____ Phone # _____

Person in charge of clean up _____ Phone # _____

Estimated attendance _____

Is this a public event? Y / N

Minimum age? Y / N

Please provide a detailed description of your event. *This information will be used to promote your event on our website, and social media.* _____

Preferred location of event:

- Stage/green rooms
- Region shelter
- Field in front of stage
- Campground
- Memorial
- Other _____

Anticipated services needed:

Portable toilets? Y / N

Will you have vendors? Y / N

Any special requests? _____

Approved by (ABATE events must be approved by region director) _____

LCRP Operation Director's approval _____

***Submission does not guarantee date and approval**

****Certificate of Insurance required before set-up**