

**InfoAge Science History Learning Center and Museum
Event Request Application/Agreement**

Organization/Person: _____

Street Address: _____

City/Town, State, Zip: _____

InfoAge Member: Yes: _____ No: _____

Person in Charge of Event: _____

Contact Number: _____ **Driver's License No. :** _____

E-mail Address: _____

Type Of Event

Setup Date: _____ **Time:** _____

Date(s): _____ **Time(s):** _____

Cleanup Date: _____ **Time:** _____

Indoor: _____ **Outdoor:** _____ **Alcohol:** _____ **Gambling:** _____ **Estimated Attendance:** _____

(applicant is responsible for all licensing – allow adequate time for application process of up to 4 months)

InfoAge Facility Area(s) That Will Be Used

Proof Of Insurance

Carrier: _____ **Policy Number:** _____

(a copy of the policy/rider must be submitted with this application)

Usage Fee (if required)

Yes: _____ **No:** _____ **Amount:** _____ (check/money order must be submitted with this application)

Security/Cleanup Deposit (if required)

Yes: _____ **No:** _____ **Amount:** _____ (check/money order must be submitted with this application)

Approvals

Event Chair: _____ **Date:** _____

Director: _____ **Date:** _____

Member in Charge: _____ **Date:** _____

Return this form to the Events Chairperson ASAP. The event will not be approved/posted on the Events Calendar on the InfoAge Website until all approvals and insurance requirements have been satisfied.