
EVENT REQUEST FORM

Antiquities, Monuments and Museum Corporation

PLEASE COMPLETE THE FOLLOWING APPLICATION FOR YOUR EVENT

Select the proposed venue

FORT CHARLOTTE (gift shop area)	<input type="checkbox"/>		FORT CHARLOTTE (moat)	<input type="checkbox"/>
FORT CHARLOTTE (parking area)	<input type="checkbox"/>		FORT CHARLOTTE (A/V Room #1)	<input type="checkbox"/>
FORT DARCY	<input type="checkbox"/>		FORT CHARLOTTE (A/V Room #2)	<input type="checkbox"/>
POMPEY MUSEUM	<input type="checkbox"/>		FORT STANLEY	<input type="checkbox"/>
COLLINS ESTATE GROUNDS (west)	<input type="checkbox"/>		BALCONY HOUSE	<input type="checkbox"/>
COLLINS ESTATE GROUNDS	<input type="checkbox"/>		COLLINS ESTATE GROUNDS (east)	<input type="checkbox"/>
COLLINS ESTATE GROUNDS (lower)	<input type="checkbox"/>		COLLINS ESTATE GROUNDS (upper)	<input type="checkbox"/>

Company/Organization Hosting Event _____

Name of person completing the application, and position in company/organization _____

Address of Applicant _____

Applicant's Telephone # _____ Cell# _____ Fax# _____ Other# _____

Email address: _____

Date Requested: _____ Requested Hours: _____

Type of Event(Reception, Dinner, Show, Concert, Other): _____

Proposed Number of patrons: _____

Who is the target audience? _____

Will there vendors? _____ If so what type _____

How many? _____

Are there any sponsors for the event? _____

If so list them _____

Is the event ticketed (check one) Invitation Pay at the door Free Combination

What is the format of the proposed event? _____

Are there any special requirements for your event? _____

What are your security requirements? _____

Signature of Applicant _____ Date _____

Signature of Corporation's Representative _____

accepting the Event Request Form _____

Date _____

DETAILS OF ELECTRICAL USAGE AND REQUIREMENTS

Name of company/person or other concern requesting the use of the space _____

LOCATION OF SPACE _____

PROPOSED DATE OF FUNCTION _____

TYPE OF FUNCTION _____

PROPOSED TIME OF FUNCTION: _____

BEGINS _____

ENDS _____

TO BE COMPLETED BY LINCENSED ELECTRICIAN

NAME OF ELECTRICIAN _____

LINCENSE NUMBER (attach a copy) _____

TYPE OF LINCENSE (single or three phase) _____

NAME OF COMPANY _____

ADDRESS P.O. BOX AND STREET ADDRESS

TELEPHONE NUMBER: (OFFICE) _____

(CELL) _____

FAX NUMBER: _____

REMARKS (for AMMC use only)

DETAILS OF ELECTRICAL EQUIPMENT TO BE USED AT FUNCTION

AMPERAGE VOLTS PHASE REMARKS

CATEGORY (A) SOUND

CATEGORY (B) LIGHTS (stage)

CATEGORY (C) LIGHTS (follow)

CATEGORY (D) FOODSERVICE

