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Total # of Pages: _____ ATTENTION: _____

SPECIAL EVENT FORM

Date: _____ Referred by: _____

Contact Name & Title: _____

Production Company: _____

Phone: _____ Cell: _____

Fax: _____ Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Website: _____

Name of Event: _____

Description: _____

Date(s): _____ Hours: _____

Location/Venue: _____

of People Expected: _____ Age Range: _____

Liquor Served: (Y / N) - Security Provided By: _____

Live Acts: (Y / N) - Describe: _____

Music Type: _____ Entrance Fee: _____

Pyro, Stunts, Etc.? Describe: _____

Budget: \$ _____

Coverage needed: General Liability 3rd Party Property Miscellaneous Equipment

FOR OFFICE USE ONLY:

Quote: \$ _____ Authorized Signature: _____