



CLARK COUNTY
EVENT CENTER
at the Fairgrounds

APPLICATION for FACILITY RENTAL

Name of Event: _____
Event Date(s): _____ Public _____ Private _____
 Move-in Date(s): _____ Est. attendance: Daily: _____ Total: _____
 Move-out Date(s): _____

Type of Event: _____ Meeting/Convention _____ Sporting Event (describe) _____
 _____ Trade Show _____ Banquet (describe) _____
 _____ Consumer Show _____ Other (specify) _____

Space to be used: _____ Hall A (32,400 sq.ft.) _____ Hall AB (54,000 sq.ft.)
 _____ Hall B (21,600 sq.ft.) _____ Hall BC (64,800 sq.ft.)
 _____ Hall C (43,200 sq.ft.) _____ Hall ABC (97,200 sq.ft.)
 _____ Equestrian Arena _____ Grandstands
 _____ South Hall(s) 1-3: _____
 _____ Outdoor areas: _____
 _____ Other: _____

Proposed ticket prices: _____

Description of show content: _____

APPLICANT INFO:

Name of leasing organization: _____

Representative (w/signatory authorization): _____ title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ e-mail: _____

Other contact numbers: _____

Registered in the state of: _____ Tax ID# _____

UBI# _____

Principal Owners/Managers in Organization _____

List any other individuals, companies, or organizations involved in the presentation of this event:

BANK AND CREDIT REFERENCES:

Institution: _____ Phone: _____ Account # _____

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PREVIOUS PROMOTIONS / EVENTS / EXPERIENCE:

Event: _____ Date(s): _____
 Facility: _____ Contact: _____ Phone: _____
 Event: _____ Date(s): _____
 Facility: _____ Contact: _____ Phone: _____

Additional information:

FSMG, at its sole discretion, shall maintain the right of approval or disapproval of this application for the rental of the Clark County Event Center.

The applicant hereby agrees that the information provided herein is true and factual; that the applicant is not acting on behalf of any undisclosed parties or principals; and has provided a full, complete and accurate disclosure of the information contained herein. The applicant also understands that providing false information could result in the immediate cancellation of the event and/or the implementation of cancellation provisions of the Rental Agreement.

The applicant authorizes FSMG to make a complete and full review of all documents and information listed above and authorizes the disclosure of all materials and records to this process.

Applicant _____ Title _____
 Signature _____ Date _____

Please return completed application to:

FSMG | 17402 N.E. Delfel Rd. | Ridgefield, WA 98642
 phone: 360.397.6180
 fax: 360.397.6185

For Official Use Only

Date Received _____	Received By _____
Approved _____ Denied _____	
Comments: _____ _____ _____ _____	