

EAST PARK PERFORMANCE PAVILION USE REQUEST Name of proposed act/event Date of proposed use

Date of proposed	use		
Time of proposed (use Start		End
Expected number	of attendees		
	for-profit organization? atus is required for consider		vaiver.)
☐ Yes	□ No		
ls the proposed us Charlevoix?	e directly associated w	rith another event occ	curring simultaneously in
☐ Yes	□ No		
If yes, indicate nam	ne of associated event		
If applicant is a pe	rformance act, please	provide three referen	nces.
Name		Telephone	
Briefly summarize	your proposed use		

CONTACT INFORMATIC	N			
First Name	Last Name		Email Address	
A4 :1: A I I				
Mailing Address				
City	State		ZIP	
City	State	;	ZIP	
Telephone Number		— Mobile Nur	mber (day of event)	
,				
within the past seven (7) ye criminal sexual conduct or Yes Signature of Applicant This form must be submitted Please contact the Charle any questions.	dishonesty? No Date at least two ((2) weeks in a	dvance of requested u	se date.
OFFICE USI	E ONLY - DO N		BELOW THIS LINE A Executive Director	
	_ = ====			
Approved	Denied	Apr	proved	Denied
Fee Receipt No.	Date		Revise	d July 14, 2017