



## APPLICATION

*All items must be completed*

### GENERAL INFORMATION:

1. Name of Organization:

2. Person to contact:

3. Title:

4. Current address:

5. City:

6. State:

7. ZIP Code:

8. Phone:

9. Cellular:

10. Fax:

11. Email:

12. Web Site: www.

13. How long has your organization existed?

### EVENT INFORMATION:

14. Event Name:

15. Proposed date:        /        /

16. Proposed starting time:  
Proposed ending time:

17. Proposed venue (Location):

18. What is the purpose of event?

Performance/Concert      Exhibit       Festival/Fair       Film       workshop

Other (describe)

19. Detailed description of artistic / cultural content of event: (Attach additional document if needed)

20. Type of audience: (Check all that apply)  Children  Family  Adults

21. Anticipated audience:

1 to 50  51 to 100  101 to 300  301 to 500  501 to 1000

1001 to 2000  2001 to 3000  above 3000

22. Is this a  For-profit event  Fundraiser  Free to the public  Charity non-profit

Which organization(s) will receive the funds and what is the anticipated net revenue to be donated?

23. Briefly describe your technical, personnel, and promotional requirements:

24. Please attach your written marketing plan. Done

25. Please attach a diagram of event layout. Done

26. Have you produced and or presented an event before? Yes  No  If so, provide details:

<b>EVENT BUDGET:</b>		
27. Anticipated income from:	<u>Ticket sales:</u>	
	<u>Grants/Scholarships:</u>	
	<u>Sponsorships:</u>	
	<u>Others:</u>	
<u>TOTAL:</u>		
28. Anticipated expenses:	<u>Artist fees:</u>	
	<u>Facility rental:</u>	
	<u>Equipment rental:</u>	
	<u>Technical/equipment expense:</u>	
	<u>Marketing:</u>	
	<u>Security:</u>	
	<u>Insurance:</u>	
	<u>Florida tax:</u>	
	<u>Admissions sales tax:</u>	
<u>Other:</u>		
<u>TOTAL:</u>		
29. List your sponsors or partners in this event:		
30. If you have any additional information you would like to add in support of this request, please attach extra pages as needed.		
31. APPLICATION SUBMISSION IS 60 DAYS PRE-EVENT.		
32. Signature of applicant:	34. Date:	
33. Title:		
You may be asked for additional information by the Arts Council of Greater Weston Event Application Committee.		
Please return the completed application to: info@1weston.com or mail to: <b>Arts Council of Greater Weston</b> <b>Event Application Committee</b> <b>P.O. Box 2670895 Weston, FL 33332</b>		