

CONNECTING FAMILIES

EVENT APPLICATION

EVENT INFORMATION

AREA/COUNTY		FORM COMPLETED BY	
DATE OF EVENT		TIME OF EVENT	
TYPE OF EVENT			
EXPECTED ATTENDANCE	# ADULTS	# CHILDREN	# VOLUNTEERS
EVENT LOCATION			
MAXIMUM CAPACITY OF LOCATION			

PAYMENT REQUEST

Check Payment (invoice must be included) <input type="checkbox"/>	Credit Card Payment (invoice must be included) <input type="checkbox"/>						
Payable to (name/address/ phone #):	<table border="1"> <tr> <td>Amount</td> <td>Send Check to:</td> </tr> <tr> <td>\$</td> <td>VC <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Payee <input type="checkbox"/></td> </tr> </table>	Amount	Send Check to:	\$	VC <input type="checkbox"/>		Payee <input type="checkbox"/>
Amount	Send Check to:						
\$	VC <input type="checkbox"/>						
	Payee <input type="checkbox"/>						
Service Explanation:							
Check Payment (invoice must be included) <input type="checkbox"/>	Credit Card Payment (invoice must be included) <input type="checkbox"/>						
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Service Explanation:							

INSURANCE REQUIRED – If yes, please submit Special Event Supplemental Questionnaire

DOES SITE REQUIRE PROOF OF LIABILITY INSURANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Submit completed form no later than 1 month prior to event to:

embrella, 101 College Rd East, 3RD Floor, Princeton, NJ 08540 or Fax to 609-520-1515 or e-mail

FOR OFFICE USE ONLY: Approved by: _____ Date: ____/____/____