

Special Event Request

Name *

Amanda Welch

Email *

jasalineco@gmail.com

Phone *

8709743878

Organization *

Junior Auxiliary of Saline County

Select which type of organization best represents you. *

- Not-for-profit
- Government Agency
- For-profit

Billing Address: *

PO Box 851 Benton AR 72018

Date of Event *

MM DD YYYY

11 / 15 / 2019

Space being requested *

- Full Gym
- Large Room Upstairs (A/V available)
- Large Room Downstairs (Kitchen Access available)
- Other: _____

Estimated Number of Attendees *

65

Estimated Number of Attendees From Out of Town *

0

Check All that Apply: *

- Cater Food/Beverage
- Sell Food/Beverage
- Provide OR Sell Alcohol
- No food or beverage will be present

Any other items not covered above:**Briefly explain why you believe this event should receive a partial or full waiver of rental fees: ***

This is a free event to provide young girls in the community an empowerment program through a series of targeted sessions and speakers.

By checking the box below I understand that this is a request and agree to pay for this event upon approval. *

I agree

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