

# Event Application Form

MW Celebration Centre

Ph#: (506)857-2293 - Fax: (506)857-9016

Email: mstreet@monctonwesleyan.com

## Basic Event Information:

- **Name of Group or Organization:**
- **Key Leader:**
- **Key Contact Info (phone #):**
- **Mailing Address (including postal code):**
- **Email:**
- **Name of Event (as to be promoted):**
- **Date(s) of Event:**
- **Start Time of Actual Show:**
- **Intermission Time:**
- **End Time of Actual Show:**
- **Setup Start Time:**
- **Expected Exit Time after Show Including Teardown:**

## Area(s) Required:

- **Celebration Center (1820 Seats):** Yes \_\_\_\_\_ No \_\_\_\_\_
- **Life Center (600 Seats):** Yes \_\_\_\_\_ No \_\_\_\_\_
- **Atrium:** Yes \_\_\_\_\_ No \_\_\_\_\_
- **Family Centre:** Yes \_\_\_\_\_ No \_\_\_\_\_
- **Break-Out Rooms:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Additional Information:**

- **Setup Time (Entering Venue - Day 1):**
- **Tear Down Time (Exiting Venue After Cleanup - Day 1):**
- **Setup Time (Entering Venue - Day 2):**
- **Tear Down Time (Exiting venue After Cleanup - Day 2):**
- **If more than a 2 day event, please specify days and times:**
  
- **Guest Speaker(s) Name:**
- **Musical Artist(s) Name:**
- **Opening Act: Yes \_\_\_\_\_ No \_\_\_\_\_**
- **If yes specify name of Opening Act:**
- **# People Expected to Attend:**
- **Any Vendors or Booths on Site (please specify):**
- **Ticketed Event: Yes \_\_\_\_\_ No \_\_\_\_\_**
- **Food Required: Yes \_\_\_\_\_ No \_\_\_\_\_**
- **Need use of Video Projectors: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Description of Event:**

**Description of Topic:**

## **Technician Requirements:**

- **Do you require a Sound Tech:**
- **Sound Tech Start Time:**
- **Sound Tech End Time:**
  
- **Do you require a Lighting Tech:**
- **Light Tech Start Time:**
- **Light Tech End Time:**
  
- **Do you require a Media Tech (operates videos, powerpoints, etc.):**
- **Media Tech Start Time:**
- **Media Tech End Time:**

## **Billing Information:** (if different from above mailing address)

**Attention To:**

**Mailing Address:**

**City:**

**Province/ State:**

**Postal Code/ Zip Code:**