



## TENANT EVENT SUBMISSION FORM

Please fill out the following and submit prior to 14 days before your event in order to be considered for event approval:

Tenant Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Event Duration (in hours): \_\_\_\_\_

Provide a detailed description of the event, including purpose & activities:

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Expected Number of Attendees: \_\_\_\_\_

Event Location on Premises: \_\_\_\_\_

Setup Requirements: \_\_\_\_\_

Will Food or Beverages Be Served? \_\_\_\_\_

On Site Contact/Phone Number: \_\_\_\_\_

**Please attach an updated copy of your business's insurance along with this document.**