EVENT APPLICATION & MEMORANDUM OF UNDERSTANDING



Event Title				
Event Date	Day		Start Time	
Room Location				
Sponsored by (Local E	yes, Global Harmony, etc.)_			
	Event Owner (person guidi	ing event through co	ompletion)	
Name				
Phone	Email			
Event Description				
	standing between Gualala Arts and must be turned in with		define roles and expectations is complete Page 2	
	payment is involved for		between Gualala Arts and an ment is required please	
Name and/or DBA: _		(Contract Rider Required? Y or N	
Mailing Address				
City		State	Zip	
Phone		Email	· · · · · · · · · · · · · · · · · · ·	
Payment Negotiated _	w9 required for pa	lyments over \$600.		
Ticket Price	in advance, +\$5 day of	7-17 free Y or I	N	
Online Tickets Needed	d Y or N Physical Ticke	ets Needed Y or N_		
Reservations Needed	Y or N Liquor License	needed Y or N	Cash Boxed Needed Y or N	
Food Requirements				
a description of the eventwo images but prefer pr@GualalaArts.org.	vent, (2) any images relevan rably five (3) Images should	nt to the event shoul be 1500 x 2100 pix	cion submission: Please include(1) ld be provided with a minimum of els (5x7 300 dpi) please email to information should be provided to	
Application Submitted	by Signature		Date	
Print Name		Phone Number		
Approved:	salla, Executive Director - Gualala	 Arts	Date:	

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Eve	nt Title			
Dat	e Day	Time		
of i	nderstand that as an Event Owner for a performance at Guanitiating and guiding all aspects of this event through to completion by the completion of the comp	I lala Arts I have the respon. To that end I acknow	onsibility vledge the	
1.	I understand it is my responsibility for providing the required publi of application and contract execution.	icity information at time	Initial	
2.	I understand it is my responsibility to serve as liaison for Contract no	egotiations if needed.	Initial	
3. I understand it is my responsibility to work along with staff to ensure Volunteers are place for identified tasks.				
4.	I understand it is my responsibility to be the on-going interface involved in event.	with Artists/participants	Initial	
5.	5. I understand it is my responsibility to provide specific information, requirements, and decisions regarding this event when needed.			
6.	I understand that as Event Owner I will be the key contact for staff event from planning process through the performance.	inquiries regarding this	Initial	
S	gnature	Date_		
F	rint Name			
P	cknowledged: David Susalla, Executive Director - Gualala Arts	Date:		
Se	t up needs and notes			