

Westchester County Center Event Information Sheet

(Please submit all completed applications to Joe Simoncini at countycenterres@westchestergov.com or via fax to (914) 995-4063.

DATE: _____

ORGANIZATION NAME: _____

CONTACT: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE #: _____ **FAX #:** _____

EMAIL: _____ **WEBSITE:** _____

Please Indicate One:

- Corporation Partnership Sole Proprietor
 State Agency 501© 3

EVENT NAME: _____

LOCATION(S) REQUESTED (or space requirements):

___ **Main Hall** ___ **Exhibit Hall** ___ **Little Theatre**
___ **Meeting Rooms A B C D** ___ **Meeting Rooms E F G H**

EVENT DESCRIPTION:

Admission (Please indicate one):

Free Ticketmaster Event Selling Tickets

Ticket Prices:

DESIRED SET UP (Please provide a description of your desired set-up including maximum occupancy, necessary square footage and any special requirements):

EVENT DATES AND TIMES REQUESTED (INCLUDING LOAD-IN & LOAD-OUT):

ALTERNATIVE EVENT DATES AND TIMES (INCLUDING LOAD-IN & LOAD-OUT):

Doors Open (if applies):

