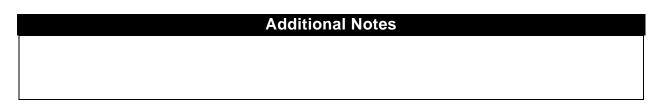


Event Stipend Program

	Event Deta	ils	
Event Name:			
Event Description:			
Date(s):		Rain Date:	
Event Location:		Address:	
Time Start:		Time End:	
Anticipated attendance:		Cost to attend the event:	
Is the event for charitable purposes?		Is this a public event?	
How will this event	be advertised?	-	
What event details are you seeking coverage for?:	City Park fees	Insurance coverage	Music & entertainment
	Public safety, EMS, Road Closures	Stage rentals or lighting	Portalets
	Other:		

Event Organizers
Name of Organization:
Name of Organizer(s):
Email:
Website:
Social Media:
Are you a 501c3?



Submit application to director@newbritaindd.com