

Interim Event Application

Date:		Event Date:				
Type of Event:						
Building:						
Company Name: Contact Name: Mailing Address:						
				City, State, Zip		
				Felephone () Fax ()		
Email address:						
Have you held an event at the	ne Southwest Washington Fair and	Expo Center before? yes no				
If yes, when						
How many people are exped	eted to attend:					
How many days is the event: Do you need set-up time: Will you be charging for your event: If yes, please specify						
				Does the event involve anin	nals? If so, type:	How many:
Will there be displays outside	le of the building:					
Any special needs (i.e., elec	trical, water, showers, etc.)					
Other facilities you have use	ed:					
<u>Facility</u>	Contact Name	Phone Number				
Do you have insurance:	Carrier's name & phone num	uber:				
Will alcohol be served:						
Will food concessions be re	quired:Hours needed: _					
Additional Information:						



We agree to abide by the rules and regulations stipulated in the actual facility agreement should facility use be granted. The Southwest Washington Fair reserves the right to withhold approval on the basis that the proposed activity would not be in harmony with or in the best interest of promoting and presenting the Southwest Washington Fairgrounds.

Print Name:	
Signature:	Date:

PLEASE RETURN THIS COMPLETED APPLICATION TO:

Southwest Washington Fairgrounds 2555 North National Avenue, Chehalis, WA 98532 southwestwashingtonfairgrounds.org 360-740-1495