



Interim Event Application

Date: _____ Event Date: _____

Type of Event: _____

Building: _____

Company Name: _____

Contact Name: _____

Mailing Address: _____

City, State, Zip _____

Telephone (_____) _____ Fax (_____) _____

Email address: _____

Have you held an event at the Southwest Washington Fairgrounds before? _____ yes _____ no

If yes, when _____

How many people are expected to attend: _____

How many days is the event: _____ Do you need set-up time: _____

Event Times: _____

Will you be charging for your event: _____ If yes, please specify _____

Does the event involve animals? _____ If so, type: _____ How many: _____

Will there be displays outside of the building: _____

Any special needs (i.e., electrical, water, showers, etc.) _____

Will you need Refuse Removal? _____ If yes, please specify _____



Other facilities you have used:

Facility

Contact Name

Phone Number

Will alcohol be served: _____

Will food concessions be required: _____ 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 Fairgrounds 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
1909 South Gold Street
Centralia, WA 98531
or
swwfair@lewiscountywa.gov**