

**Pasadena Convention Center & Municipal Fairgrounds
Reservation Application**

Is the event open to the public or private? _____

Are you a non-profit with a 501(C)(3)? Yes or No _____ If yes, a copy of the 501(C)(3) form is required.

Company/Organization Name: _____

Please send in a copy of your W-9 form with the application. Required for all public events.

Contact Name: _____ **Work/Cell Phone:** _____

Email: _____ **Alternate Phone:** _____

Address: _____ **City/State/Zip code:** _____

Name of Event: _____

Event Description: _____

Requested Date(s): _____

Facility: _____

Estimated Attendance: _____

Will you need concessions? _____ No If so, which one(s) _____ Food _____ Alcohol

Will you have catering? _____ No If so, which one(s) _____ Food _____ Alcohol

Previous event site(s): _____

Special requests: _____

******* ALL PAYMENTS ARE NON-REFUNDABLE *******

Please make all checks payable to "City of Pasadena"

25% PAYMENT DUE WITH APPLICATION; CONTRACT AND 50% PAYMENT REQUIRED TO BEGIN ADVERTISING FOR THE EVENT

Customer Signature: _____ **Date:** _____

Who will be signing the Contract? Name: _____ **Title:** _____

Who will be our on-site contact during the event?

Name: _____ **Cell Phone #:** _____

For Office Use Only

Date application received: _____ **Comments:**

Payment amount and type: _____

Employee: _____