

GSEC Event Request Form

Requestor's Information

Date of Request: _____

Company or Organization: _____

Name: _____ Phone Number: _____

Email: _____

Event Information

Event Name: _____

Event Point-of-Contact Name: _____

Contact Phone: _____ Contact Email: _____

Type of Event: _____

Purpose of Event: _____

Event Proposed Date(s): _____, _____, _____

Facilities Requested: Exhibit Hall Golden Spike Arena Stalls # _____
 GSA Conference Room Riding Arena RV's # _____
 Catering Outdoor Stadium

Services Requested: Concessions Ticketing Stall & RV Management
 Catering Ambulance Service Tractor Service
 Sheriff Security

Event Details / History: _____

For Office Use Only

Approval Office: _____

Approval Facilities: _____

Approval F & B: _____

Approval Box Office: _____

Approval General Manager: _____

Approved Date: _____

Comments: _____
