



**DEPARTMENT OF CULTURAL FACILITIES, ARTS AND ENTERTAINMENT
RECEPTION RENTAL APPLICATION**

DATE _____

CLIENT NAME _____

BILLING ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE # _____ ALT. TELEPHONE # _____

EMAIL ADDRESS _____ FAX # _____

TYPE of EVENT _____ DATE of EVENT _____

EVENT HOURS _____ ESTIMATED ATTENDANCE _____

VENUE(s) TO BE USED _____

WILL THIS BE A TICKETED EVENT? YES _____ NO _____ CAN WE SUGGEST AN ALTERNATE DATE YES _____ NO _____

IS THERE A COORDINATOR FOR THIS EVENT? YES _____ NO _____ (IF SO PLEASE FILL OUT THE INFORMATION BELOW)

COORDINATOR CONTACT INFORMATION

COORDINATOR NAME/COMPANY NAME _____

TELEPHONE # _____ ALT. TELEPHONE # _____

EMAIL ADDRESS _____ FAX # _____

FINANCE REFERENCES

BANK NAME _____ PHONE # _____

ADDRESS _____ CITY/STATE/ZIP _____

ACCOUNT # _____ OFFICER IN CHARGE _____

I certify that all the information on this form is correct. I fully understand your credit terms and agree to the proper payment.

PAYMENT TERMS: A SERVICE CHARGE OF 1.5% WILL BE ADDED TO INVOICES NOT PAID IN 30 DAYS.
THE APPLICANT UNDERSTANDS THAT A CERTIFICATE OF INSURANCE AND DEPOSIT WILL NEED TO BE PROVIDED.

DATE

APPLICANT'S SIGNATURE

RETURN TO: SCOPE Promotions
Attn: Scott Warren
P. O. Box 1808
Norfolk, Virginia 23501
757-664-6464 FAX 757-664-6990

THE ABOVE SIGNATURE AUTHORIZES BANK TO RELEASE CREDIT INFORMATION TO NORFOLK SCOPE