



Facility Scheduling and Promotion

Customer information

Please have the following information available so that we may assist you in reserving space at the University

Name of Organization: _____

Tax Registration Number: _____

Status of Organization: (LLC, Incorporated, Sole Proprietorship, General or Limited Partnership, Individual, Non-Profit)

Address of Organization: _____

Documentation supporting status of organizations / individual: _____

Name and Title of Person signing documents: _____

Address of person signing documents: _____

Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

Name of Event: _____

Scope of Event: _____

Proposed Dates and Specific Times of Event: _____

Number of Attendees: _____

Will tickets be sold? If so, you must go through wcsu-tickets.com: _____