

Event Cancellation Application

Contact Information

Name of Company / Organization: _____

Entity Type: _____

Street Address: _____

City: _____

State & Zip: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Qualification Questions

Has the event been held before and suffered a cancellation loss? Yes No

Event Details

Type of Event _____

Event Name _____

Budget (Cost of Event) _____

Brief Description of Event _____

Venue Name, Address, City, State, Zip _____

Location Information Indoors Outdoors

Coverage Dates of the Event _____

Signature: _____	Date: _____
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