

Celebrate Woodinville 2010

Cityhood Celebration – Children’s Activity & Family Resource Area Entertainment & Public Education Application Form



ORGANIZATION INFORMATION Please print

Name of Organization: _____

Mailing Address: _____

Contact Name: _____ Title: _____

Ph: _____ Alternate Phone Number: _____ Fax: _____

E-Mail: _____ Web page: _____

Type of Organization - Please check one:

School _____ Non-profit _____ For profit business _____ Other (please specify) _____

Primary focus of Organization: _____

City of Woodinville resident: Yes No (Board member or address attached to tax ID number)

INFORMATION FOR THIS EVENT Please print

Provide details regarding the entertainment or public information that you would like to provide:

Type of entertainment or public education: _____

Number of people in your group: _____ Will be arriving by bus? ___ Yes ___ No

Please list 1st, 2nd, and 3rd choices for performance times.

_____ 12:00 pm _____ 12:30 pm _____ 1:30 pm _____ 2:00 pm
_____ 2:30 pm _____ 3:00 pm _____ 3:30 pm

Floor level stage area and sound system with headphone audio input jack will be provided.

Other Facility Needs: (Please specify)

See Terms of Agreement for parking, set-up and take down restrictions.

Return Application and Terms of Agreement by March 5 to:

**Woodinville Parks and Recreation
Attn: Helen Romao
17401 133rd Avenue NE
Woodinville, WA 98072
425-398-9327 x2304**

