APPLICATION All items must be completed						
GENERAL INFORMATION:						
1. Name of Organization:						
2. Person to contact:		3. Title:				
4. Current address:						
5. City: 6. S		6. State:		7. ZIP Code:		
8. Phone:	9. Cellular:			10. Fax:		
11. Email:		12. Web	12. Web Site: www.			
13. How long has your organization existed?						
EVENT INFORMATION:						
14. Event Name:						
15. Proposed date: / /			16. Proposed starting time:Proposed ending time:			
17. Proposed venue (Location):						
18. What is the purpose of event?						
[] Performance/Concert Exhibit [Festival/Fair [] Film] workshop						
[] Other (describe)						
19. Detailed description of artistic needed)	c / cultural	content of ev	vent: (Attach add	itional document if		

20. Type of audience: (Check all that apply) [] Children [] Family [] Adults				
21. Anticipated audience:				
[] 1 to 50 [] 51 to 100 [] 101 to 300 [] 301 to 500 [] 501 to 1000				
[] 1001 to 2000 [] 2001 to 3000 [] above 3000				
22. Is this a [] For-profit event [] Fundraiser [] Free to the public [] Charity non-profit				
Which organization(s) will receive the funds and what is the anticipated net revenue to be donated?				
23. Briefly describe your technical, personnel, and promotional requirements:				
24. Please attach your written marketing plan. Done []				
25. Please attach a diagram of event layout. Done []				
26. Have you produced and or presented an event before? Yes [] No [] If so, provide details:				

EVENT BUDGET:					
27. Anticipated income from:	Ticket sales:				
	Grants/Scholarships:				
	Sponsorships:				
	Others:				
	TOTAL:				
28. Anticipated expenses:	Artist fees:				
	Facility rental:				
	Equipment rental:				
	Technical/equipment expense:				
	Marketing:				
	Security:				
	Insurance:				
	Florida tax:				
	Admissions sales tax:				
	Other:				
	TOTAL:				
29. List your sponsors or partners in this event:30. If you have any additional information you would like to add in support of this request, please					
attach extra pages as needed.					
31. APPLICATION SUBMISSION IS 60 DAYS PRE-EVENT.					
32. Signature of applicant:					
33. Title:	34. Date:				
You may be asked for additional information by the Arts Council of Greater Weston Event Application Committee.					
Please return the completed application to: info@1weston.com or mail to: Arts Council of Greater Weston Event Application Committee 20200 Saddle Club Rd, Weston, FL 33327					