



2024 OUTREACH PROGRAM

Application Form

Name of Event: _____

Date of Event: _____ Is this an annual Event? Yes ___ No ___

Name of Organization: _____

Contact Name: _____ Contact Phone: _____

Email Address: _____

Mailing Address: _____

Area Requested: _____

Purpose of event: _____

Who will it benefit: _____

Equipment Needed: _____

PLEASE NOTE: Deposit, insurance, fire marshal permit, supplies, propane, and labor will not be provided by the Fairgrounds.