



Event Information

Event Name:

Event Location:

Date Requested:

Date of Event:

Time of Event:

Brief Description of Event:

Host Information

Host Name:

Host Phone:

Host Email:

Host Address:

Additional Information

- Is it okay to advertise this event? Yes No
- Do you need any supplies or support from the city for this event? Yes No

If yes, please describe:

Host Signature:

Print Name:

Date:

Approval

Signature:

Stepheny Becker

Community Outreach and Events Coordinator

City of New Meadows

Please submit this form to the City Clerk's office.