

BOOKING APPLICATION

Date of Application: _____

CONTACT PERSON NAME: _____

Phone: _____ E-mail: _____

ORGANIZATION/COMPANY NAME: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax #: _____ Web-site: _____

Other Promoters Involved in Event (if applicable): _____

EVENT TYPE: Concert Sporting Cheerleading Family Show Free Event
 Private (not open to the public) Other (please list): _____

If Concert, Please list the type (Jazz, Rock, Hip Hop, etc.): _____

Listing of all Artists/Performers scheduled to perform: _____

Event Name, if applicable: _____

Estimated Attendance _____ Ticket Price(s) _____

REQUESTED DATE(S) FOR EVENT: _____

Number of Load-in Days requested: _____ Event Starting Time: _____ Est. Length of Show: _____

REQUESTED VENUE FOR EVENT:

- Thomas & Mack Center Sam Boyd Stadium Cox Pavilion Star Nursery Fields (15-acre field)
- Parking Lot (Please indicate which parking lot: ___Thomas & Mack Center or ___Sam Boyd Stadium)

PAST EVENT HISTORY BY THIS COMPANY/PROMOTER:

Venue Name and Location (City/State): _____

Event Information (Please include event date, event attendance, listing of artists/performers, etc.): _____

Please list Bank and/or Credit References (include addresses): _____

Please list any References within Entertainment Industry: _____

Note: Arena personnel must be used exclusively for all event staffing. Rules and regulations concerning conduct of the performers and the audience established by the Arena must be strictly observed. The Arena in conjunction with UNLVtickets will control all ticket sales. Until this application is officially acted upon and a contract executed, there shall be no legal or binding commitment between the Arena and the License Applicant.

Signature: _____

Please fax back to: ATTN: BOOKING DIRECTOR, FAX: 702-895-1581