



**TOLLEFSON PLAZA**

**EVENT RENTAL PACKET**

Event Name: \_\_\_\_\_

Event Date (mo/day/yr): \_\_\_\_\_

Other dates of use: \_\_\_\_\_

**Please submit to:**  
Tacoma-Pierce County Chamber  
Attn: Vy Dotson  
950 Pacific Ave Suite 300  
Tacoma, WA 98401  
P: 253.627.2175  
Fax: 253.597.7305

TIMES:	APPROXIMATE
Assemble	: a.m/p.m.
Event start	: a.m/p.m.
Event end	: a.m/p.m.
Clean up completed by	: a.m/p.m.

Name of Sponsoring Group: \_\_\_\_\_

Are you a non-profit organization?                      YES                      NO  
If yes, please attach proof (i.e., IRS letter of status and or certificate)

**Insurance**

Insurance Provider: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Principal Beneficiary (ies) of Event \_\_\_\_\_

Company Phone: \_\_\_\_\_

**Contact Information**

Person in Charge: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate contact person: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Event Information**

Type of event:

- Run/Walk     Wedding     Parade     Street Fair     Festival
- Expos     Performances     Company Party     Community Celebration



18. Will you have security needs for your event? YES NO
19. Will you require vehicle access during your event? YES NO
20. Will information/goods/promotional materials be distributed? YES NO
21. Will a new product or business be introduced? YES NO
22. Will there be sponsor visibility/signage? YES NO
23. Does this event involve hanging a banner? YES NO
24. How will the event be promoted? (Circle one)
- Radio TV Print Posters Promo Other
- Detail: \_\_\_\_\_
25. Do you expect future sales and/or income from this event? YES NO  
If yes, explain:
26. Does this event involve a moving route of any kind along streets, sidewalks or highways? If YES, attach a detailed map of your proposed route, indicate the direction of travel, and provide a written narrative to explain your route. YES NO
27. Does this event involve a moving float? YES NO

I have read the policies and procedures prior to filling out this form and that all the above information given is complete and correct- no false or misleading information or false statements have been given.

Additionally, I understand that changes to the above detailed program content require immediate notification of the Tacoma-Pierce County Chamber.

\_\_\_\_\_  
Event Planner/Authorized Client Representative (Print Name) Signature

\_\_\_\_\_  
On-Site Designated Persons in Charge On-Site Designated Persons in Charge

\_\_\_\_\_  
On-Site Designated Persons in Charge Emergency Contact Person

Approval, denial or inclusion of restrictions and/or special conditions of this permit is at the sole discretion of the Tacoma-Pierce County Chamber.