



emporia arts center

OUTREACH EVENT REQUEST FORM

PLEASE SIGN THIS CONTRACT & RETURN IT TO THE EMPORIA ARTS CENTER C/O
SADIE MOORE OR EMAIL TO SMOORE@EMPORIAKSARTS.ORG

YOU WILL BE CONTACTED UPON RECEIPT OF REQUEST FORM TO CONFIRM YOUR
EVENT DATE.

COMPLETION OF FORM DOES NOT SECURE YOUR DATE. YOU MUST RECEIVE
CONFIRMATION.

CONTACT NAME _____

ORGANIZATION NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

NAME OF EVENT _____

LOCATION OF EVENT _____

DATE _____ TIME FROM _____ TO _____

NUMBER OF CHILDREN EXPECTED _____ AGE RANGE OF CHILDREN _____

CAN EAC STAFF TAKE PHOTOGRAPHS DURING THE EVENT FOR MARKETING PURPOSES?

Y OR N

PLEASE GIVE A BRIEF DESCRIPTION OF WHAT YOU ARE REQUESTING EAC TO PROVIDE: