

COVELLI CENTRE

Date: _____

Date of event/fundraiser: _____

Estimated Number of Attendees: _____

Location of Event: _____

Show Requested: _____

Pertinent information about organization: _____

Organization Contact: _____

Phone: _____

Email: _____

Address: _____

APPROVED BY: _____

Date: _____

Due to the large volume of donation requests we receive and limited amount of inventory that we have available, please note that we will review all requests at the beginning of each quarter and attempt to make donations to each request. Requests will be reviewed at the beginning of the below months:

- *January*
- *April*
- *July*
- *October*

PLEASE COMPLETE FORM AND SEND VIA EMAIL TO JCarpenter@covellicentre.com FOR CONSIDERATION.

Thank you!