



LaCenterra
At Cinco Ranch

EVENT PROPOSAL FORM

Type of Event			
Name of Event			
Date(s) Requested		Time	
Company/Group Name			
501(C) 3 Entity	Yes	No	
Contact Name			
Address			
Phone		2 nd Phone	
Fax		Email	
Purpose of Event:			
Event Details:			
How Will Event Be Promoted?			
Expectations of LaCenterra:			

INTERNAL USE
 ABLE TO SUPPLY CERT. OF INSURANCE? _____
 DATE SENT EVENTS CONTRACT/HOLD HARMLESS? ___/___/___
 STAGING/SOUND REQUIREMENTS _____
 FACILITY USE PLAN _____
 APPROVED _____
 CONFIDENTIAL – PROPERTY OF LACENTERRA AT CINCO RANCH