



# Expo Request Form

## Organization Information

Request is made by: NON-PROFIT ORGANIZATION  COMMUNITY EVENT  CHARITABLE ORGANIZATION

### Organization Information

Non-profit/Charitable Status must be attached if applicable

Name of Organization: \_\_\_\_\_

Point of Contact: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

Date of Event: \_\_\_\_\_ Projected Revenue: \$ \_\_\_\_\_

### Past Events

Name of Event \_\_\_\_\_ Date of Event: \_\_\_\_\_

Community Contribution: \$ \_\_\_\_\_ Heads in Beds: \_\_\_\_\_

Reference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Event \_\_\_\_\_ Date of Event: \_\_\_\_\_

Community Contribution: \$ \_\_\_\_\_ Heads in Beds: \_\_\_\_\_

Reference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

### In-Kind Project (If applicable)

*Estimate and scope of work must be attached to this form*

Description of work: \_\_\_\_\_

Contractor: \_\_\_\_\_  
*Name*

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### Commissioners Court Action

(for office use only)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(County Judge's Signature)