



VILLAGE OF WESLEY HILLS FILMING APPLICATION

APPLICANT INFORMATION

Name:		
Organization (if any):		
Address:		
Address:		
City:	State:	ZIP Code:

EVENT INFORMATION

Location Requested:		
Date (s) Requested:		
Hours:		
Purpose of Event:		
Student Filming:	Yes	No

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:

SIGNATURES

Signature of Applicant:	Date:
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VILLAGE USE

Date Received:	Fee Paid: Y/ N \$
Insurance:	
Bond/Deposit Posted:	
Indemnification Agreement:	
Police Officer Needed: Y/N	Electrician:
Approval:	