

APPLICANT INFORMATION: 1. Applicant:	
(name of company, business, or individual as you would repinsurance)	oort it on a W-9 and a certificate of
2. Contact Person:	
Phone Number:	
Fax Number:	
Address:	
City/State/County:	
Employer Identification Number:	<u></u>
Please check one: Profit: or Non-profit:	
Letter of Exemption to qualify for non-profit rental rates.	
3. Name of person who will sign contract:	
Title: Phone Number:	
EVENT INFORMATION: 1. Requested Dates/Times:	
2. Full description and name of show or function for which additional sheet if necessary or promotional information from	om past events):
3. Estimated Attendance:	

Phone Number:	
Facility Name:	
Contact Name:	
Date of Event:	
Phone Number:	_
Please list (2) facilities which you have previously rented. before, write N/A:	If you've never rented a facility
Facility Name:	
City/State:	
Contact Name:	
Date of Event:	
Phone Number:	
Name of Event Promoted:	<u>-</u>
Facility Name:	
City/State:	
Contact Name:	
Date of Event:	
Phone Number:	
Name of Event Promoted:	-
CREDIT REFERENCE: 1. Organization or Bank	
2. Contact: Phone	
BUSINESS REFERENCES If you wrote N/A for Facility References or if you were on three (3)companies with which you have done business.	ly able to list one reference, please list
Company:	
City/State	
Contact:	
Phone #	
Company:	
City/State	
Contact:	
Phone #	

City/State	Company:		
Phone # This application will NOT be processed/approved if information is incomplete or inaccurate. No dates can be contracted without an Approved License Application. This is not a legal contract and is not binding to either the Applicant or the Martin Center of FiftyForward. DO NOT make any advance arrangements regarding facility usage until a contract has been fully executed with Martin Center of FiftyForward. This includes disseminating or releasing any information or publicity of any nature in regard to the event including, but not limited to, the offering of tickets or reservations. I hereby confirm that the above is true and correct to the best of my knowledge. Applicant: Date Please return via fax or mail to: The Martin Center 960 Heritage Way Brentwood, TN 37027 Fax # 376-0124 Accepted: Martin Center of FiftyForward By: Dated:	City/State		
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960 Heritage Way Brentwood, TN 37027 Fax # 376-0124 Accepted: Martin Center of FiftyForward By: Dated:	The Martin Center		
Brentwood, TN 37027 Fax # 376-0124 Accepted: Martin Center of FiftyForward By: Dated:			
Fax # 376-0124 Accepted: Martin Center of FiftyForward By: Dated:			
Martin Center of FiftyForward By: Dated:	•		
By: Dated:	Accepted:		
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	Center Director		