

Westchester County Department Event Information Sheet

(Please submit all completed applications to Joe Simoncini at
countycenteres@westchestergov.com or via fax to (914) 995-4063.

DATE: _____

DEPARTMENT: _____

CONTACT: _____ **PHONE:** _____

E-MAIL: _____ **FAX:** _____

INDIVIDUAL RESPONSIBLE FOR PAYMENT: _____

EVENT TITLE: _____

LOCATION(S) REQUESTED (or space requirements):

___ **Main Hall** ___ **Exhibit Hall** ___ **Little Theatre**

___ **Meeting Rooms A B C D** ___ **Meeting Rooms E F G H**

EVENT DESCRIPTION:

Admission (Please indicate one):

Free **Ticketmaster Event** **Selling Tickets**

Ticket Prices (If applicable):

DESIRED SET UP (Please provide a description of your desired set-up including maximum occupancy, necessary square footage and any special requirements):

EVENT DATES AND TIMES REQUESTED (INCLUDING LOAD-IN & LOAD-OUT):

ALTERNATIVE EVENT DATES AND TIMES (INCLUDING LOAD-IN & LOAD-OUT):



Doors Open (if applies):

