



Gainesboro-Jackson County
 Chamber of Commerce
 PO Box 827
 Gainesboro, TN 38562
 (931) 268-0971
 www.gainesboro-jcchamber.com



EVENT APPLICATION

Applicant Name/Organization: _____ Date: _____

Name of Event: _____

Where: _____ Desired Date/s: _____

How may we contact you? _____

Promotional Requirements: Newspaper Radio Cable TV Flyers Internet

Required Resources: Electricity Water Bandstand Traffic Control Rescue Squad
 Sanitation Clean up Chamber Staff, How many _____

Who will Benefit from this Event? _____

How? _____

Review

Initial Review by Event Coordinator: Date: _____ Total Cost \$ _____ If the total exceeds the pre approved budget limit it will require authorization by the board of directors attached to this document.

Comments:

Approved Denied Applicant Contacted Date: _____ Attachments

Event Coordinator Signature: _____