



CITY OF CENTERVILLE

Summer Concert Series Activity Request

PLEASE PRINT

Date _____

Name of Organization _____ Name of Organizer _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Fax _____

Email Address _____ Website _____

Date(s) and Time(s) of Request _____

Description of Activity/Materials _____

The Organization/Organizer agrees to hold the City (including its duly elected and appointed officials) harmless from any claims, demands, judgments, costs and expenses (including attorneys fees) for injury, illness, death of any person or property damage resulting from the organization's use of the premises.

I agree to take full responsibility for my actions and of my organization and to abide by all City of Centerville rules, regulations, and ordinances.

Applicant's Signature Date

If you will be distributing literature, please attach a copy of flier with your request.
Return request to: Laura Filaseta, Events Coordinator, 100 W. Spring Valley Road, Centerville, OH 45458
Phone: (937) 428-4716, Fax: (937) 435-8720, lfilaseta@centervilleohio.gov

FOR CITY USE ONLY

____ Approved
____ Denied

Events Coordinator Comments:

Date

____ Approved
____ Denied

City Manager Comments:

Date