

RESERVATION REQUEST FORM

Benton County Fairgrounds

110 SW 53rd Street, Corvallis, OR 97333
 Phone 766-6521/Fax 766-6865

Private Event -OR- Public Event

Business/Organization Name _____

Contact Name _____ Daytime Telephone _____

Address _____

City _____ State _____ Zip _____

Contact Email _____ Alternative Telephone _____

Please fill this section out to give the Fairgrounds actual event information.

Event Name/Type _____

Date of Event _____ Start Time _____ End Time _____

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Cost of Admission

General Public Allowed:

Expected Attendance

\$____ Youth (and) \$____ Adults

____ Yes (or) ____ No

#____ Youth (and) #____ Adults

If Admission is charged, list method(s) of payment accepted:

Please fill this section out to give the Fairgrounds Set-up & Tear-down information/directions.

Facilities Needed	Date In	Date Out	Time In	Time Out	# Tables	# Chairs

Describe Other Equipment or special set-up instructions (use reverse side if needed): _____

MARQUEE TEXT REQUESTED (approx. 30 characters per line - \$40/wk) _____

Camping Space Required: ____ Yes (or) ____ No **If yes**, estimated #____ Tent spaces (only available Memorial Day

Weekend through Labor Day (and) #____ RV spaces

Will there be any alcohol at the event? ____ Yes (or) ____ No

If alcohol is served, there is an additional **\$100 non-refundable Alcohol Authorization fee.**

If your event has amplified music after 9 pm and/or any alcohol, you must either have Fairgrounds Staff or licensed security from 9 until 11 pm. **I choose ____ Fairgrounds Staff (\$10 per hour) (or) ____ licensed security. If licensed security is chosen, you must provide the company name and phone number prior to the event.**

NOTE: Deposit must be paid at time of reservation to secure date and time. Proof of liability insurance is required by the time of your event. **If this is a Public Event, please provide full details so Fairgrounds Staff can field questions.** If you would like the Fairgrounds to link your event to Corvallis Tourism's website free of charge please provide an official contact name _____ and phone number _____.

Individual/Business/Organization Rep. _____ Date _____

Fairgrounds Approval _____ Date _____

OFFICE USE ONLY:
 ____ Deposit ____ Liability Insurance ____ Security choice