

Elgin Artspace Lofts Use Application

Today's Date: _____ Security Deposit Accepted _____

Date Requested/and Alternate Date: _____

Name of responsible individual or organization representative (please print): _____

Event Time Requested: _____ Number of Attendees: _____

Resident (Yes) _____ No _____ Loft (Unit No.) _____

Contact Information of Responsible Individual:

E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell/ Alt. Number: _____

Nature of Event or Intended Use:

Describe any signs, decoration, displays or other devices that you intend to use:

Conditions of Use Requirements:

Attached (Yes / No)

Certificate of Insurance
Waiver of Liability/Responsibility
Proof of Non-Profit Status

Special Instructions/Notes:
