

For office use only

Date Rec'd _____

Fees Due \$ _____ by _____

Payment received on

Posted on Master Calendar

Staff Required no yes # _____

Special Equipment approved yes no

Special Instr. Approved yes no

Date (s) Group Contacted

Proof of Licenses (if required) received

Sales tax due (amount) _____ date received (if required) _____

Problems Reported on Group

NOTES: