

BMHMC Brookhaven Memorial
Hospital Medical Center
Amphitheater At Bald Hill

FACILITY RENTAL APPLICATION

PLEASE REMIT TO: PATRICK@JVCBROADCASTING.COM

CHECK ONE: CONCERT____ THEATER____ CAR/BIKE SHOW____ SEMINAR____ OTHER____

NAME:

DAY & DATE REQUESTED:

SECONDARY DATE:

HOURS OF EVENT:

ORGANIZATION:

ADDRESS:

TELEPHONE:

PROJECTED ATTENDANCE:

TICKET PRICE:

LISTS OF ARTISTS (IF APPLICABLE):

SPONSORS (IF APPLICABLE):

ANY ADDITIONAL INFORMATION THAT WILL AID US IN THE DECISION MAKING PROCESS:

APPLICANTS NAME:

APPLICANTS EMAIL:

APPLICANT SIGNATURE: _____