

**TORN RETINA PRODUCTIONS
Not-for-Profit Event Application**

Name of Entity:

Contact Person:

Address:

Telephone:

Email:

Description of Event:

Date of Event:

Time:

Location:

Other Information:

Why do you want Torn Retina Productions to Participate?**EIN:****UBI:****Annual Operating Budget (attached).**

The undersigned has submitted accurate and timely information to Torn Retina Productions. Applicant understands that Torn Retina Productions will participate in applicant's event only upon execution of an event agreement. Applicant will be responsible for all disability accommodations in connection with any event.

Signature of Authorized Applicant

Date: