

Date _____

APPLICANT INFORMATION
(organization who will sign contract & provide liability insurance)

Please provide information for each of the following questions by listing company names, addresses, telephone numbers, & contact persons. Failure to do so will result in a delay in processing of this application. Reference must reflect those of the Applicant.

APPLICANT (name of company, business, or individual as you report it on a W-9 and certificate of insurance)

| | |
|--|---|
| EMPLOYER IDENTIFICATION # _____ - _____ | PLEASE CHECK ONE: <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit <i>Must submit FL Letter of Exemption to qualify for non-profit rental rates - Does not apply to Animal Shows.</i> |
|--|---|

| | |
|--------------------------|-------|
| CONTACT PERSON FULL NAME | TITLE |
|--------------------------|-------|

| | | | |
|----------------|------|-------|----------|
| STREET ADDRESS | CITY | STATE | ZIP CODE |
|----------------|------|-------|----------|

| | | |
|------------|------------|------------|
| HOME PHONE | CELL PHONE | WORK PHONE |
|------------|------------|------------|

| | |
|------------|---------------|
| FAX NUMBER | EMAIL ADDRESS |
|------------|---------------|

| | |
|--|--------------|
| EVENT CONTACT PERSON (if different from above) | PHONE NUMBER |
|--|--------------|

EMAIL ADDRESS

EVENT INFORMATION

NAME OF SHOW OR FUNCTION

TYPE OF SHOW (please choose from options below)

Equine Show
 Livestock Show
 Other Animal Show
 Sale (specify: _____)

Circus, Carnival, Festival
 Concert
 Banquet
 Quinceanera
 Reception
 Meeting/Seminar

Trade Show
 Motorsport
 Rodeo
 Run
 Sport Competition
 Other _____

REQUESTED DATES/TIMES

REQUESTED RENTAL SPACES

Lincoln Room
 Multi-Purpose Arena
 Pavilion 1
 Pavilion 2
 Pavilion 3
 Pavilion 4

Lancaster Room
 Nebraska Room
 Exhibit Hall
 Meeting Room A
 Farm Bureau Meeting Room

Gana Outdoor Multisport Arena
 Parking Lot (specify: _____)
 Outdoor Horse Stalls
 ABATE Room

_____ **Initials**

| ANIMAL SHOWS | | PEOPLE SHOWS | | CAFE/CATERING NEEDS | |
|---------------------|--|----------------------|--|--------------------------------|--|
| # OF COMPETITORS: | | # OF GUESTS: | | CAFE DAYS/TIMES NEEDED: | |
| # OF SPECTATORS: | | # OF VENDORS: | | | |
| # OF STALLS: | | # OF VENDOR BOOTHS: | | | |
| # OF SHOW ARENAS: | | # OF TABLES: | | INTERESTED IN CATERING? YES NO | |
| # OF WARMUP ARENAS: | | # OF CHAIRS: | | | |
| # OF VENDOR BOOTHS: | | # OF BLEACHERS: | | INTERESTED IN A BUFFET? YES NO | |
| # OF TRAILERS: | | STAGING? YES NO | | | |
| # OF CAMPSITES: | | PIPE & DRAPE? YES NO | | ALCOHOL AVAILABLE? YES NO | |

TICKETING

Circle all that apply: FREE EVENT TICKETS AT DOOR

ONLINE TICKET SALES: GENERAL ADMISSION RESERVED SEATING VIP SEATING

FACILITY REFERENCES (please provide 2)

| | | |
|----|----------------|----------------|
| 1. | FACILITY: | CITY/STATE: |
| | CONTACT: | PHONE NUMBER: |
| | NAME OF EVENT: | DATE OF EVENT: |
| 2. | FACILITY: | CITY/STATE: |
| | CONTACT: | PHONE NUMBER: |
| | NAME OF EVENT: | DATE OF EVENT: |

BUSINESS REFERENCES

| | | |
|----|----------|---------------|
| 1. | COMPANY: | CITY/STATE: |
| | CONTACT: | PHONE NUMBER: |
| 2. | COMPANY: | CITY/STATE: |
| | CONTACT: | PHONE NUMBER: |

HOW DID YOU HEAR ABOUT LANCASTER EVENT CENTER?

ACTION REQUESTED

DATES AVAILABLE PENCIL IN DATE (\$100 deposit included) SECURE DATE (\$700 deposit included)

I hereby confirm that the above is true and correct to the best of my knowledge.

Signature (Person who will sign contract)

Date

*This application will **NOT** be processed/approved if information is incomplete or inaccurate.*

No dates can be contracted without an Approved Rental Application.

*This is not a legal contract and is not binding to either the Applicant or the Lancaster Event Center. **DO NOT** make any advance arrangements regarding facility usage until a contract has been fully executed with Lancaster Event Center. This includes disseminating or releasing any information or publicity of any nature in regard to the event including, but not limited to, the offering of tickets or reservations.*

PAYMENT SCHEDULE & CONTRACT DEADLINES

1. Thirty (30) days from date the contract is issued by the Lancaster Event Center, full security deposit and a signed contract by the Lessee is due.
2. Prepayment is required for new events.
3. If event date is less than ninety days away or Lessee does not have credit history with LEC, payment will be due prior to event and stated in contract.
4. In the event of cancellation, security deposit is non-refundable and non-transferable and any production and/or labor costs incurred prior to the cancellation must be paid by Lessee.
5. Payment may be made by cashier's check, certified check, business check, cash, or credit card (4% credit card processing fee applies) and should be made payable to the Lancaster Event Center.
6. A Certificate of General Liability Insurance is due no later than thirty (30) business days prior to event's first setup date and must meet the requirements outlined in the General Rules and Regulations in the section "Public Liability Insurance".
7. A **Nebraska Form 13** (Certificate of Resale or a Certificate of Exemption if applicable) is due with the signed contract.
8. The Lancaster Event Center will pencil-in your date as a courtesy without a contract if Lessee chooses to pay the \$100 Pencil-In Deposit. Before a contract is signed by both parties, the Lancaster Event Center reserves the right to prioritize events that best support our mission regardless of pencil-in date status.
9. Should another party request, or challenge, your date(s) **before** you have requested a contract:
 - a. The Lancaster Event Center will attempt to reach you by phone, fax, and/or email for (1) full day to inform you of the second party requesting the same date(s). If we are unable to reach you, the date will be released and made available to the second party.
 - b. If Lancaster Event Center is able to contact you and you confirm the date(s), you will be given two (2) business days to sign the contract and submit a security deposit.
 - c. If the full security deposit is not received within the specified time, the second party shall be given two (2) business days to sign the contract and submit a security deposit, and the date(s) shall be contracted to that second party.
10. The Lancaster Event Center must approve any Marketing or Publicity that contains our logos, address, phone information, or images of the facility. LEC logo required to be used in promoter ads instead of typing out facility name.
11. Additional terms & regulation details will be outlined in your contract.
12. LEC reserves the right to change pricing terms & regulations at any time without prior notice.

Any questions regarding this application should be directed to the following:

Justy Hagan
Events Coordinator
Direct: 402.441.1811
Office: 402.441.6545
Fax: 402.441.6046

Email: jhagan@LancasterEventCenter.org

Stephanie Schrodtt
Event Coordinator
Direct: 402.441.1816
Office: 402.441.6545
Fax: 402.441.6046

Email: sschrodtt@LancasterEventCenter.org