



Special Event Host Application

Host Name _____

Host Address _____

Host Phone _____

Host Email _____

Additional Event Contact(s): _____

Name of Event _____

Event Location _____

Event Date(s) _____

Estimated Number of Vendors _____

I have reviewed and understand the responsibilities that pertain to me as a host of a special event held in the City of Craig and I agree to comply.

Signature: _____ Date: _____

OFFICE USE ONLY

List of vendors Received by _____ Date: _____