SPECIAL EVENTS REQUEST FORM
Please answer ALL questions
Requests must be submitted a MINIMUM of 48-Hours Prior to Your Event

Date Request Submitted __________________________

EVENT NAME: ________________________________________________________________

(Name to be listed on Public Calendars)

Requestor’s Name: __________________________ Email: __________________________

Address: ___________________________________________ Phone: __________________

Event Coordinator’s Name (or additional contact): __________________________ Email: __________________________

Address: ___________________________________________ Phone: __________________

Organization Name: __________________________

Organization Representative to be present at and responsible for event: __________________________

Event Location (circle applicable locations) FORT WAYNE INTERNATIONAL AIRPORT SMITH FIELD AIRPORT

Location Requested: Outside Departures Area _____ / Inside Arrivals Areas _____ / Inside Departures Area _____

Other (please specify) __________________________

<table>
<thead>
<tr>
<th>EVENT DATE</th>
<th>START TIME OF EVENT</th>
<th>END TIME OF EVENT</th>
<th>ANTICIPATED STAFFING / ATTENDANCE</th>
<th>FACILITY REQUESTED</th>
<th>FACILITY ASSIGNED</th>
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NATURE OF EVENT (Include subject matter to be addressed):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

If applicable, following the Event, the undersigned shall ensure that the premises are secure, all equipment has been removed, and all refuse is deposited in trash bins. The undersigned assumes responsibility for all potential fees associated with this event, if applicable. The undersigned further shall ensure that all persons work at or attending the Event shall obey all directions and requests of the Fort Wayne-Allen County Airport Authority staff or its Public Safety Department.

Date __________________________________________________________________________________

Name (PRINT) __________________________ Name (SIGNATURE) __________________________

Approved by: __________________________ Date: __________________________

SIGNATURE IS REQUIRED. Reservation will not be processed without signature.

YOU MAY SUBMIT YOUR REQUEST OR ANY ADDITIONAL QUESTIONS ELECTRONICALLY TO AIRPORT PROPERTIES AT PROPERTIES@FWAIRPORT.COM, IN PERSON, OR BY FAX TO (260) 747-1762.