



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) _____

EVENT DATE	START TIME OF EVENT	END TIME OF EVENT	ANTICIPATED STAFFING / ATTENDANCE	FACILITY REQUESTED	FACILITY ASSIGNED <small>(To be completed by Airport Staff)</small>

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.