



Montclair TV34

Event Request Application

All applications must be submitted at least one month in advance to:

Montclair TV34 * 205 Claremont Avenue * Montclair, NJ 07042 * 973-509-4996 *Fax: 973744-1947

Is your organization tax exempt? _____ Yes _____ NO

Name of Organization: _____

Date of Event: _____

Address of event: _____

Name of Contact: _____

Phone number of contact _____

Describe event and who is involved: _____

Topic of program: _____ Entertainment _____ Community & Economic Development _____ Other

_____ Health, Wellness & Safety _____ Children & Youth _____ Recreation _____ Environment

Length of event _____

We will require a site inspection prior to sending staff to your event. How will the site accommodate videotaping of the event?

Will there be an opportunity for public acknowledgement or other benefit to Montclair TV34?
(circle one) YES NO

If yes, how? _____

Signature: _____ Date: _____

Approved: _____ Date: _____