



CAJUNDOME™

444 Cajundome Blvd. • Lafayette, LA 70506 • 337-265-2100 fax 337-265-2311

# APPLICATION FOR USE

DATE SUBMITTED: \_\_\_\_\_

ORGANIZATION/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

## PRINCIPALS AND/OR OFFICERS OF ORGANIZATION:

NAME & TITLE

ADDRESS

PHONE

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Corporation

Partnership

Sole Proprietor

Profit

Non-Profit

IRS Tax ID# \_\_\_\_\_

Registered in State of \_\_\_\_\_ County \_\_\_\_\_

**FACILITIES/AGENCIES**

**CONTACT**

**PHONE**

**LAST SHOW  
DATE**

These must be references at buildings where you have promoted shows in the last 3 months

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

## EVENT NAME & DESCRIPTION OR ARTIST and/or GROUP NAME(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you wish to receive a cost estimate on facility, please provide as much information as possible:

EVENT DATE(S): \_\_\_\_\_ ANTICIPATED ATTENDANCE: \_\_\_\_\_  
MOVE-IN (DAY): \_\_\_\_\_ REHEARSAL (DAY): \_\_\_\_\_  
MOVE-IN (TIME): \_\_\_\_\_ REHEARSAL (TIME): \_\_\_\_\_  
PERFORMANCE (DAY): \_\_\_\_\_ MOVE-OUT (DAY): \_\_\_\_\_  
PERFORMANCE (TIME): \_\_\_\_\_ MOVE-OUT (TIME): \_\_\_\_\_

**MEETING/EXHIBIT/OTHER SPACE REQUIRED:**

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**EQUIPMENT REQUIRED:**

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CATERING REQUIRED  YES  NO

- Breakfast  Lunch  Dinner  Reception  
 Buffet  Sit Down  Cash Bar  Host Bar

OTHER: \_\_\_\_\_

ADMISSION PRICE(S) \_\_\_\_\_

WILL YOUR ORGANIZATION SELL/DISTRIBUTE, OR ALLOW TO BE SOLD/DISTRIBUTED, ANY MERCHANDISE? PLEASE SPECIFY.

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COMMENTS or SPECIAL REQUEST:

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SIGNATURE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_