

PROPOSAL FOR USE OF GALLERY SPACE

REQUESTED by:	DATE(S) & TIMES of EVENT	
	Start Date:	Time:
NAME of EVENT:	Finish Date:	Time:
NAME of EVENT CO-ORDINATOR:		
CONTACT PHONE/CELL:		
EMAIL:		
DESCRIPTION of EVENT		
ADMINISTRATIVE DETAILS		
Will there be a charge at the door?	If so, how much per participant?	
Number of people expected to attend:	Revenue expected	
GPAG resources required:		
Kitchen	Sound/Mic	
Tables: # large # small:	Chairs #:	_
Other details:		
Gallery representative/liaison:		
Contact Phone/cell:		
Email:		
GPAG Approval		
GPAG representative signature	Date of approval	
Applicant signature	Date	