Donation and Charity Form

LEASE INFORMATION:

Today's Date: _____ Lease #: _____

Lease Name: _____ Lessee Name: _____

County: _____ Phone #: _____

EVENT INFORMATION:

Date of Event: _____ Time of Event: _____ AM PM

Contact Person for the Event: _____ Contact Phone #: _____

Estimated # of Attendees: _____

Signed Release Forms Required for this Event: _____ YES _____ NO

Insurance Supplied for the Event: _____ YES _____ NO

INSURANCE INFORMATION:

Insurance Company: _____ Insurance Contact: _____

Insurance Phone #: _____ Insurance Policy #: _____

Effective Begin Date: _____ Effective End Date: _____

Insurance Policy Received: _____ YES _____ NO

Date Received: _____

CHARITY NAME OR DONATION NAME: _____

EXPLANATION OF EVENT:

_____

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FOR OFFICE USE ONLY

TTG Authorized Representative:

Date: _____

Signature: _____ Printed Name: _____