



CENTER STREET BANNER DISPLAY APPLICATION

Organization: _____

Address: _____

Contact Person: _____

Phone: _____ E-mail: _____ Fax: _____

Event: _____

Date of Event: _____ Requested Dates: _____

As a representative of the user organization, I understand and agree to the terms of the Conditions and Requirements and Indemnification Agreement attached.

Signature: _____

(HMI Office only – please do not write below)

PERMIT TO DISPLAY BANNER

Banner: _____

Installation Date: _____ Removal Date: _____

Request Received by HMI: _____

Certificate of Insurance Received: _____
(Attached)

Approval Signature: _____

Visitor Center Manager, HMI

Date