



Managed by STIMULUS Engineering

EVENT APPROVAL DOCUMENT

Document must be received at least forty-five (45) calendar days prior to event for approval.

Event Details:

Event: _____ Event POC: _____

Event Date: ___/___/___ Start Time: ___:___AM/PM End Time: ___:___AM/PM

*Please attach public liability certificate of insurance if needed.

Approval of:

- Candles (no open flame): Yes/No Quantity: _____ Style: _____
Mechanical: Yes/No Notes: _____
Electrical Connection Notes: _____

of Chairs: _____ # of Tables: _____

Additional Services:

- Staging (8- 6'X4' sections) \$50/section *Includes skirting and steps with rail.
Dance Floor \$300 *24'X24'
Podium \$25 Each Qty_____
Projector Package \$150 Each (Includes 1 microphone, stand, wireless remote, 1 projector, 1 projector screen) Qty_____
Portable Sound System \$75 Each (included in large room rental) *Includes microphone, stand, and one speaker.
Sound
Hand Held Microphones (4) \$50 Each Qty_____
Lapel Microphones (4) \$50 Each Qty_____
AT/AV Beyond Basic Set-up \$100/hour
Additional Wireless Remote \$10 Each

Will your event require catering? Yes/No

Please fill out the catering portion in conjunction with catering provider you have selected.

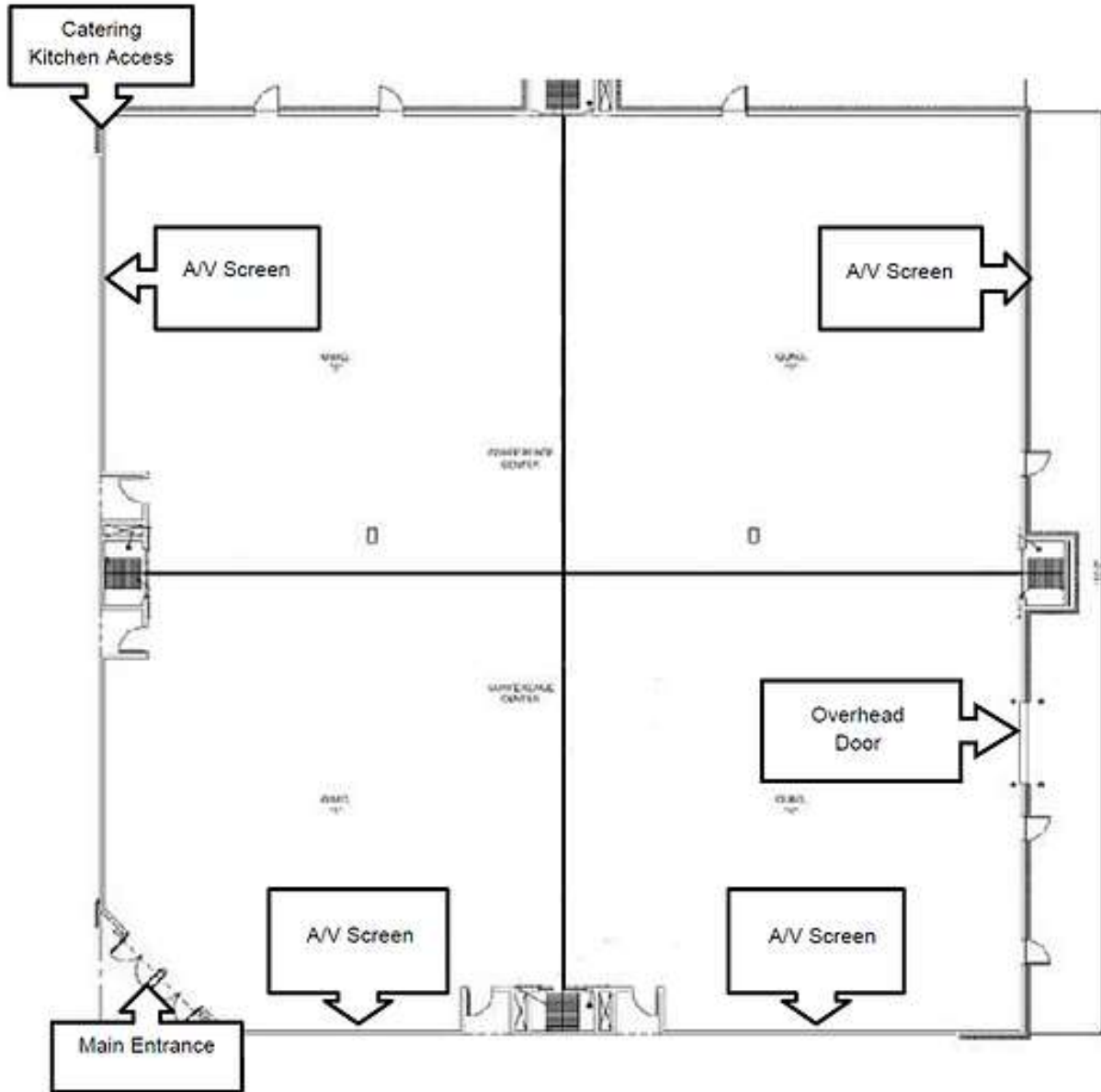
Will your event require bartending? Yes/No

Please fill out the bartending portion in conjunction with bartending provider you have selected.

Are you a tax exempt organization? Number: _____

Configuration

Directions: Please design your event by drawing shape of tables, stage, dance floor, etc. the way you would like it configured.



Event POC

Date

STIMULUS Engineering Services, Inc.
Authorized Agent

Date



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CATERING

Caterer: _____

Caterer POC: _____

Caterer fee schedule: (please attach or write in) _____

Caterer Arrival Time: _____ **Serving #:** _____

Serving Style: _____

Additional Details: _____

Inspected Serving Area: ____/____/____

Tables: #____ **Chairs: #**____ **Formation:** ____

Caterer acknowledges, accepts, and has inspected the condition of kitchen and serving area.

Catering POC Signature

Date

Attach the following:

- Signed Catering Services Contract
- Fee Schedule
- Certificate of Insurance
 - Naming WestGate@Crane Authority and STIMULUS Engineering
 - Must have 1 Million Per Occurrence & 2 Million Aggregate
- All County & State Permits
- Location sheet (please mark the location of catering services to be provided with an X)
 - 1st Floor Training Room(s)
 - 2nd Floor Training Room(s)
 - Conference Center
 - 1st or 2nd Floor Lobby Area



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BARTENDING PROVIDER:

Bartending Provider: _____

Bartender's drink fee schedule: (please attach or write in) _____

Bartending Arrival Time: _____ **Serving #:** _____

Bar Style:

Cash Bar: _____ **Open Bar:* _____ **Combination:* _____

**Corresponding Amount:* _____

Additional Details: _____

Inspected Serving Area: ____/____/____

Tables: # ____ **Chairs: #** ____

Bartender acknowledges, accepts, and has inspected the condition of kitchen and serving area.

Bartending POC Signature

Date

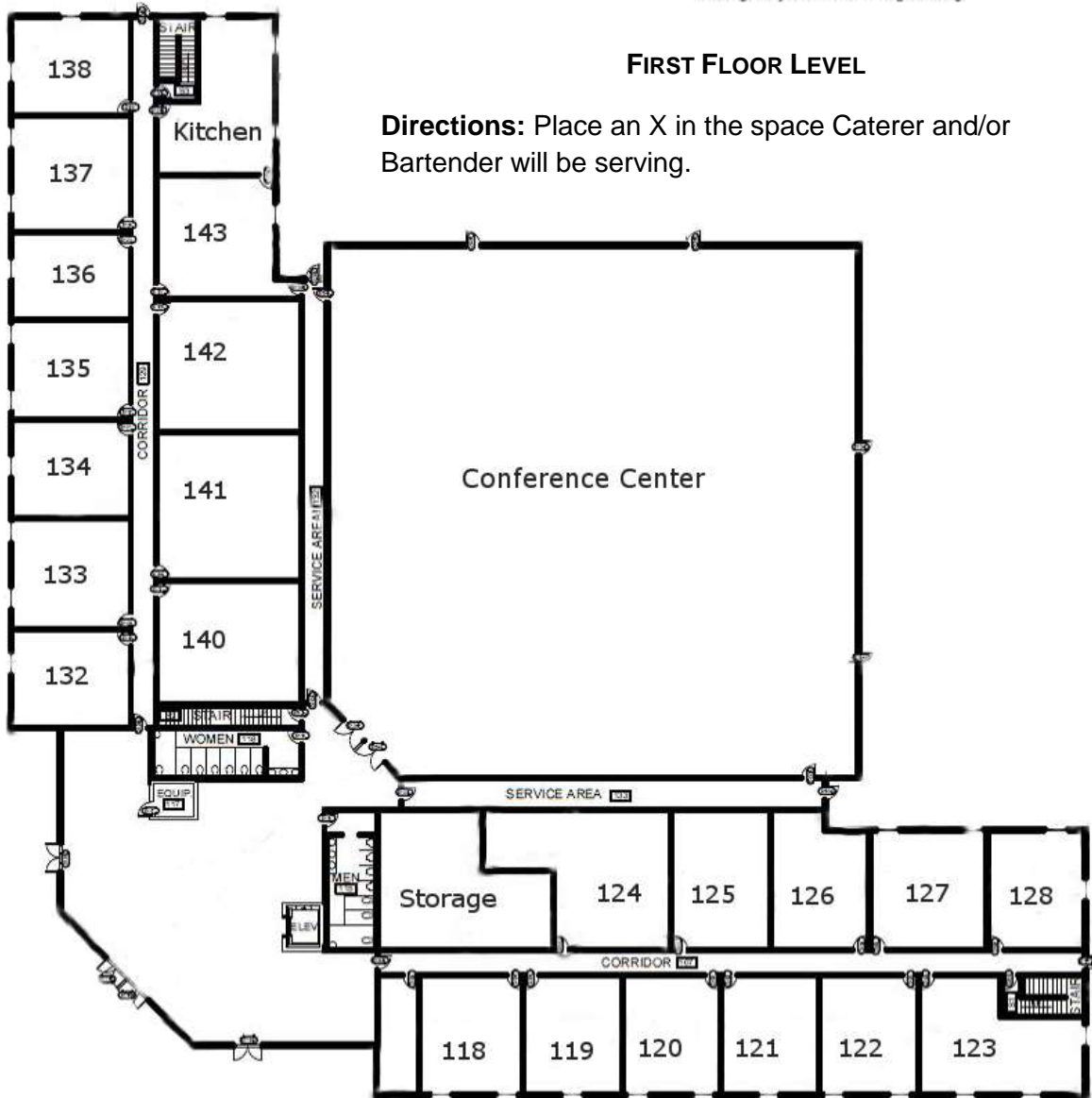
Attach the following:

- Signed Bartending Services Contract
- Fee Schedule
- Certificate of Insurance
 - Naming WestGate@Crane Authority and STIMULUS Engineering
 - Must have 1 Million General Liability & 2 Million Per Occurrence
- All County & State Permits
- Bartender Licenses for individual employees working events
- Location sheet (please mark the location of catering services to be provided with an X)
 - 1st Floor Training Room(s)
 - 2nd Floor Training Room(s)
 - Conference Center
 - 1st or 2nd Floor Lobby Area

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FIRST FLOOR LEVEL

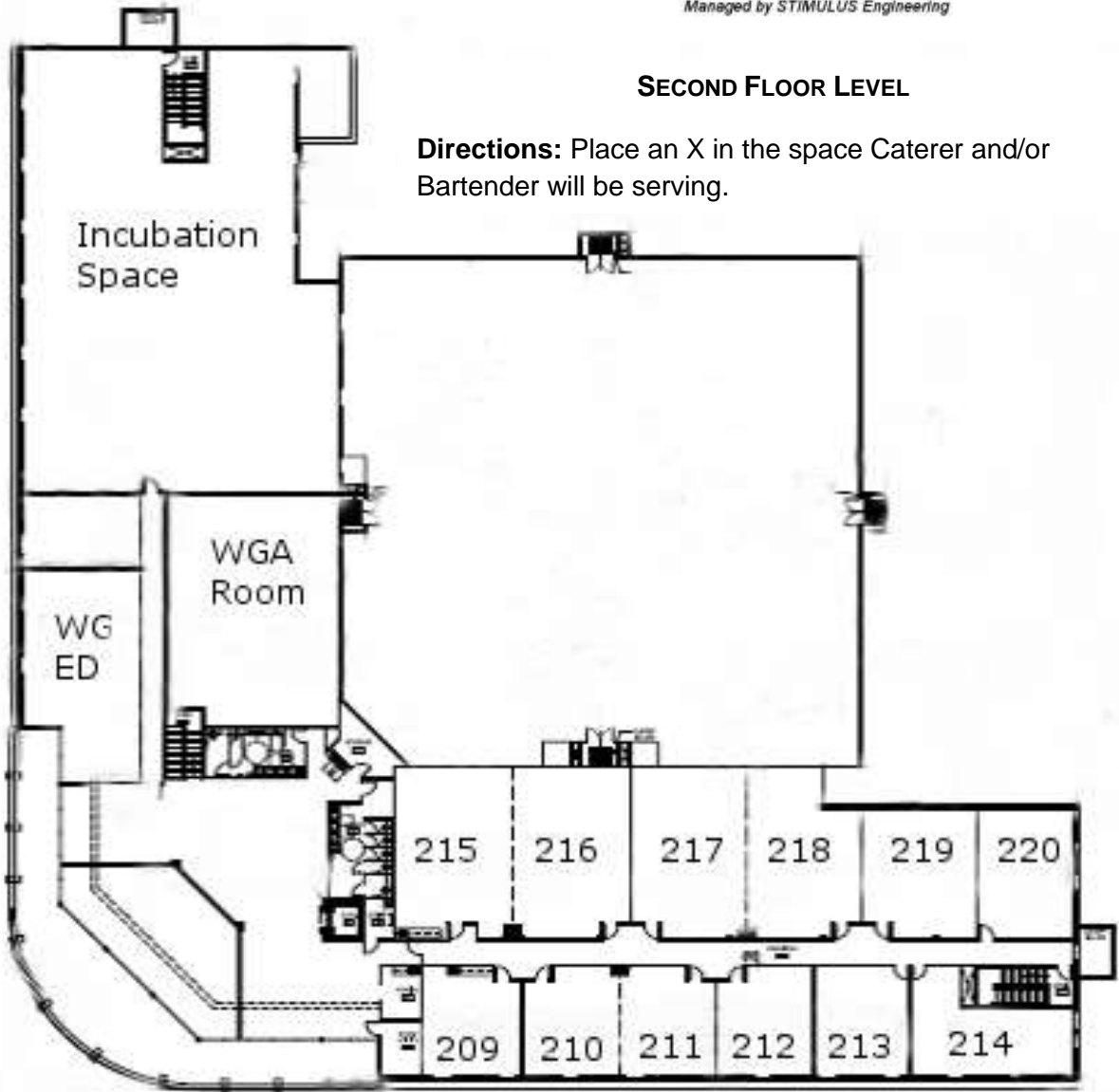
Directions: Place an X in the space Caterer and/or Bartender will be serving.



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SECOND FLOOR LEVEL

Directions: Place an X in the space Caterer and/or Bartender will be serving.





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DAY OF EVENT SIGNATURES

Any discrepancies (missing material, damages, etc):

Event POC Signature

Date

Caterer

Date

Bartending

Date

STIMULUS Engineering Services, Inc.
Authorized Agent

Date