

Date of Application:			
CONTACT PERS	ON NAME:	F9.	
Phone:		E-mail:	
ORGANIZATION/	COMPANY NAME:		
Address:		City:	State: Zip:
Other Promoters I	nvolved in Event (if	applicable):	
			Family Show
If Concert, Plea	ase list the type (Jazz, I	Rock, Hip Hop, etc.):	
Listing of all Artis	sts/Performers sche	duled to perform:	
		,	
Event Name, if a	applicable:		
	Estimated Attendance Ticket Price(s)		
REQUESTED DA	TE(S) FOR EVENT	Event Starting Time:	Est. Length of Show:
Number of Load-III i	Days requested	Event Starting Time	Est. Length of Show.
☐ Thomas & Ma		Boyd Stadium Cox Pavilion 〔 parking lot:Thomas & Mack Ce	☐ Star Nursery Fields (15-acre field) nter orSam Boyd Stadium)
PAST EVENT HIS	STORY BY THIS CO	MPANY/PROMOTER:	
Venue Name an	d Location (City/State	e):	
			ists/performers, etc.):
Please list Bank and/	or Credit References (i	nclude addresses):	
Please list any Refer	ences within Entertainn	nent Industry:	
performers and the acwill control all ticket s	udience established by	the Arena must be strictly observed tion is officially acted upon and a c	nd regulations concerning conduct of the d. The Arena in conjunction with UNLVtickets ontract executed, there shall be no legal or