



FACILITY AND EVENT APPLICATION

(This is not a contract for space or dates)

In order to have complete information on file and to better serve our clients, applicants for dates at the SOUTH POINT EVENT CENTER are required to complete this application in its entirety and return to:

SOUTH POINT EVENT CENTER
9777 Las Vegas Blvd South
Las Vegas, NV 89183
Fax: (702) 797-8006

Subject to the requirements of law, it is understood that this information will be kept confidential. This document is an application only and does not imply or confer upon the applicant the right or privilege to secure a permit to use the SOUTH POINT EVENT CENTER. The applicant agrees that no publicity or announcement of any event to be staged at the SOUTH POINT EVENT CENTER by the applicant will be made public until an Event Agreement is fully executed by the SOUTH POINT EVENT CENTER.

Company Name _____
(Name of organization, company, corporation, or individual)

Provide a description of applicant's organization explaining organization structure, products, services, current officers, (President, Vice President, Secretary and Chief Accounting Officer), board members and their affiliation. Is the organization licensed to do business in the State of Nevada? Indicate a.k.a. and/or d.b.a.; profit or non-profit corporation. Applicant may be requested to provide a financial statement of applicant and of its parent company(s).

Contact: _____ Title: _____
(contract signatory)

If corporation, list state of incorporation _____ Federal Tax ID # _____

Address _____ Suite _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell (_____) _____

Fax (_____) _____

Email _____ Website _____

Please check nature of event:

- | | |
|--|--|
| <input type="checkbox"/> Convention/Trade Show | <input type="checkbox"/> Meeting/Seminar |
| <input type="checkbox"/> Banquet/Dinner Dance | <input type="checkbox"/> Sporting Event |
| <input type="checkbox"/> Concert/Public Dance | <input type="checkbox"/> Consumer Show |
| <input type="checkbox"/> Equestrian Event * | <input type="checkbox"/> Other |
- * Anticipated Number of horses _____
Anticipated Number of stalls _____

Exact Name of Proposed Event _____

Please include a brief description of the event, its programming elements, and tentative outline of the manner in which this event will be conducted (i.e., schedule of events and performance times). If available, please provide a highlight video of event.

Requested Date(s) _____

Alternative Date(s)

2nd Choice _____ 3rd Choice _____

(If Applicable)

Name of performer(s) or speaker(s):

Type of Equestrian Show

Will tickets be sold () Yes () No Advance Prices \$ _____ \$ _____ \$ _____

At door price _____ () Reserved Seating () General Admission

Estimated event attendance

Spectator attendance

Clark County residents: _____

Est. total length of stay per spectator: _____

Out of state: _____

Out of U.S. _____

Total: _____

Participant attendance

Clark County residents: _____

Est. total length of stay per participant: _____

Out of state: _____

Out of U.S. _____

Total: _____

Staff/officials attendance

Clark County residents: _____

Est. total length of stay per staff/official: _____

Out of state: _____

Out of U.S. _____

Total: _____

Please attach detailed demographic information for the spectators and participants of this event.

Please provide a list of professional staff, independent contractors, and/or professional advisors, if any, that will conduct the event.

Will programs, souvenirs, tapes, publications, or other items be sold on the premises during the event? () Yes () No

Amount of Exhibit Space Requested _____

Number of Meeting Rooms Requested _____

Number of move-in/move-out days _____ Number of show days _____
(if other than show days)

Please check type of food and beverage service your event will require:

() Banquet () Concessions () Other _____

How many hotel rooms will your staff/attendees require? _____ Number of Nights _____

Room Pattern? (ie. Mon-Thur/Wed-Sun) _____

Have you ever held an event in Las Vegas? _____

If yes, where _____

Have you ever held an event in a similar venue? _____

If yes, please list dates and name of events:

<u>Name of Event</u>	<u>Location</u>	<u>Dates</u>
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1. _____

2. _____

Please list three references for facilities leased other than the SOUTH POINT EVENTS CENTER:

<u>Name of Event</u>	<u>Other Facility Used</u>	<u>Telephone</u>	<u>Dates</u>
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1. _____

2. _____

3. _____

Please list current and potential sponsors:

Please include with this application:

1. A brochure, pictures, fact sheet, and/or promotional material describing your organization/event.
2. Recent published reviews of your event in other locations, if any.
3. Printed publicity materials and/or programs from prior events similar to the event for which you are requesting dates.

It is understood that this is an application for space and dates only and is not a contractual agreement. Once applicant's date(s) are on hold, they will be considered tentative holds until applicant executes an Event Agreement and delivers a non-refundable building deposit.

In the event that there are multiple tentative holds for a particular date, the holds will be given a priority based on who has called for the tentative hold first. A party who is not in a first hold position may challenge the date by offering the non-refundable deposit with a fully executed South Point Event Center License Agreement. The first hold has twenty-four (24) hours to sign a License Agreement and deliver the non-refundable deposit in order to secure their date and confirm their event.

All parties must show proof that they represent, promote, or own the specific event being planned for the SOUTH POINT EVENT CENTER. Such proof shall be required before any tentative hold can become a confirmed hold. A fully executed SOUTH POINT License Agreement, along with a non-refundable building deposit shall be delivered to the SOUTH POINT in order to confirm a specific event at the SOUTH POINT EVENT CENTER.

The applicant hereby represents that a full and complete disclosure has been made of all information which might be pertinent to the SOUTH POINT EVENT CENTER'S consideration of this application and that all of the statements are true and correct. I authorize the SOUTH POINT EVENT CENTER to verify any information on this use permit application.

Applicant Signature

Date