**EVENT APPLICATION FORM**

 Important: All parts of this form must be completed in full, incomplete forms will be returned.

PART 1: CONTACT DETAILS

|  |  |
| --- | --- |
| Applicant/Entity Name: |  |
| Applicant Address: |  |
| Phone Number: |  |
| Email: |  |
| Website: |  |
| Main Contact Name: |  |
| Main Contact Phone: |  |
| Main Contact Email: |  |

PART 2: PROJECT/PROGRAMME DETAILS

|  |  |
| --- | --- |
| Event Description: |  |
| Event Date(s): |  |

PART 3: DETAILED COSTS OF REQUESTED FUNDING:

|  |
| --- |
| Outline Request for in-kind funding from the Port: |
| Outline request for Monetary funding from the Port: |

PART 4: DETAILS ON FEASIBILITY AND SUSTAINABILITY OF THE PROJECTS

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| Please outline the expected Tourism Impact of the Event/Program for the Port of Brownsville. |
| Please outline how the Project/Program is expected to promote and protect the Community of Brownsville: |

Signature Contact Person for Entity:

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 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Port Manager:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_