

EXHIBIT J-m

SPONSORED SPECIAL EVENTS APPLICATION

PARISH/SCHOOL/ENTITY: _____

PHONE: _____ NAME OF CONTACT PERSON: _____

NAME OF SPECIAL EVENT: _____

ACTIVITIES INCLUDE: _____

DATE AND TIME: _____

ANNUAL EVENT: (yes if recurring or no if one time only) _____

ANTICIPATED NUMBER OF ATTENDEES: _____ AGE GROUP: _____

LOCATION OF EVENT: _____

CERTIFICATE OF INSURANCE REQUIRED? YES _____ NO _____

SECURITY SERVICE IS A GOOD IDEA, SHOULD CALL FIRE DEPARTMENT, POLICE DEPARTMENT, AND IF LARGE ENOUGH AMBULANCE SERVICE. NOTIFY THEM OF THE DATE, HOURS, AND NUMBER OF PEOPLE. ALSO GOOD IDEA TO POST PHONE NUMBERS FOR FIRE DEPARTMENT, POLICE DEPARTMENT, AND AMBULANCE SERVICE ON ALL AVAILABLE PHONES.

REFRESHMENTS: _____

ALCOHOLIC BEVERAGES: _____

BARTENDERS: _____

FEES CHARGED: _____

WHO IS THE SUPERVISOR? _____

Signed (pastor/principal/administrator) Date

SEND TO: DEPARTMENT OF FINANCIAL SERVICES
P.O. BOX 3948
BEAUMONT, TX 77704
(409) 924-4300
Fax (409) 924-4398