THE COLISEUM AT THE UNIVERSITY OF WEST GEORGIA
PRE-QUALIFICATION LICENSING APPLICATION FOR FACILITY USE

The following information is required by The Coliseum at The University of West Georgia to assist in the review and consideration of your request for the use of Coliseum facilities and related services. The accuracy and completeness of the information below are very important insofar as this information will be a critical factor in considering your request. Be as detailed and specific as possible. Until the University of West Georgia officially approves this request and a formal Facility Use Agreement is fully executed, there is no legal or binding commitment between the University of West Georgia and the licensing applicant.

EVENT NAME: __________________________________________

TYPE OF EVENT: Athletic Competition/Camp ___ Concert ___ Consumer Show ___ Trade Show ___ Other ___

EVENT DESCRIPTION: __________________________________________

ESTIMATED DAILY ATTENDANCE: ____________________________

FACILITY SPACE(S)/EQUIPMENT REQUESTED (e.g., # of courts, locker/dressing room access, etc): _______

DATE(S) REQUESTED (Specify Load-in/out and Event): ____________________________

EVENT START & END TIMES: ____________________________

PAID ADMISSION EVENT: Yes ___  No ___  If yes, list ticket prices: ____________________________

NAME OF LICENSING ORGANIZATION: ____________________________

ADDRESS: __________________________________________

CITY: ____________________________  STATE: __________  ZIP: ____________________________

TAX I.D. NUMBER: ____________________________  PHONE: ____________________________  FAX: ____________________________

NAME & TITLE OF PERSON WHO WILL SIGN THE LICENSE CONTRACT: ____________________________
BANK & CREDIT REFERENCES

1. BANK NAME: ___________________________ PHONE: ___________________________
CHECKING ACCOUNT #: ___________________________ YEAR ACCT OPENED: __________

2. PROVIDE YOUR D&B D-U-N-S NUMBER (Nine Digit): ___________________________

If your organization is not listed with Dun & Bradstreet, please provide one credit reference in the space below.

<table>
<thead>
<tr>
<th>CREDITOR NAME</th>
<th>TELEPHONE #</th>
<th>ACCOUNT#</th>
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PREVIOUS EVENTS (Most recently completed.)

List name of event, date(s) it was held, the host facility and the contact information for the facility’s management.

1. _____________________________________________________________

2. _____________________________________________________________

INSURANCE INFORMATION (Min. coverages noted on The Coliseum’s website under Facility Use Fees.)

NAME OF LIABILITY INSURANCE PROVIDER: ________________________________

ADDITIONAL COMMENTS

Please note any additional information that will help us better understand your event (e.g., power requirements, rigging, etc). Feel free to attach proposed production and hospitality riders or other documents if available.

CERTIFICATION STATEMENTS

I certify that I have read The Coliseum’s Booking Policies & Information and Facility Use Fees information available on The Coliseum’s website at http://www.westga.edu/coliseum.

I certify that the information provided on this form is accurate. In addition, I hereby grant the University of West Georgia and its designates permission to verify the information on this form as well as conduct a background check including, but not limited to, credit history, previous event performance and general reputation.

PRINTED NAME: ___________________________ SIGNATURE: ___________________________
TITLE: ___________________________ DATE: _____________ EMAIL: ___________________________

Please fax form to Justin Gunter at 678.839.6195 or scan and e-mail to jgunter@westga.edu. Please allow 1-2 weeks for processing of request.