

Meet Up-Upper Valley (MUUV) Event/Host Proposal Form

Event Information:

Please describe your event in detail below. If you would like to provide additional information, please attach a separate description. If you have questions, please contact the HACC office at 603-643-3115.

Event Name: _____

Location Name: _____

Address: _____

Requested Day: _____ **Requested Date:** _____

Start Time: _____ **End Time (if applicable):** _____

Event Contact Name: _____

Contact Phone: _____ **Contact Email:** _____

After-Hours Contact Name: _____

Contact Phone: _____ **Contact Email:** _____

Event Description:

Please describe your event in detail and include any materials or food provided, or any other relevant information. (If you need more space, please attach a separate page describing your event)

Event Information (continued):

Max. Number of Guests: _____ **Min. Number of Guests:** _____

Note: If your minimum number of guests is not met, you will be given the option to reduce the minimum number of guests required or to cancel your event. If you cancel your event, you must refund all prepaid amounts in full.

Guests Requirements:

Please list any required materials, any restrictions, or any information we need to collect from those attending this event. (ex. age restrictions, t-shirt size, etc.)

Event Cost: _____ per guest **or** _____ flat rate

Cost Description:

If necessary, please explain fee structure or cost requirement of your event.

Variable Fees:

If applicable, please list any variable fees for your event including any 'add-ons' available.

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Statement of Understanding and Agreement:

I have read, understand and agree to the terms listed on the “Become an Event Host” page of the MUUV website as a host of a MUUV event/program. I agree that the information provided on this form is true and accurate to the best of my knowledge.

Please check box if appropriate for your event:

I carry all appropriate insurances and am license and bonded to host the event/program and have included a copy of my insurance certificate.

If collaborating, please make a copy of this agreement for each collaborator, and have each collaborator sign a copy. Each collaborator must sign.

Authorized Signature: _____

Name: _____

Title: _____

Company/Organization: _____

Date: _____

Return this Form to: The Hanover Area Chamber of Commerce by emailing to muuv@hanoverchamber.org or mailing to PO Box 5105, Hanover, NH 03755