

Demonstration / Solicitation / Distribution Application

SECTION 1 Contact Information

Name of Organization:

Phone Number:

Fax Number:

Mailing Address:

City:

State:

Zip Code:

Name of Person in Charge of Event:

Phone Number:

Email Address:

Mailing Address:

City:

State:

Zip Code:

SECTION 2 Event Logistics

Type of Event:

Distribution

Solicitation

Demonstration

Proposed Dates and Times:

Description of Event:

How will participants be identified?:

Area Requested:
(See exhibit 1)

Terminal

Sidewalk

Parking Lot

Names of Participants (Attach additional sheets if necessary)

First Name:

Last Name:

First Name:

Last Name:

By signing this document I agree to indemnify and hold harmless the Jackson Hole Airport Board, the Airport, the airlines, the Airport's tenants and lessees, and all their respective officials, officers, employees and agents, against any claims that arise or are made against any of the foregoing in connection with the activities of the permit holder(s) or its agents at the Airport.

Applicant Name:

Date:

Applicant Signature:

AIRPORT STAFF INTERNAL USE

Application is:
Staff Signature:

Approved

Denied

Date:

Approved Area:

Terminal

Sidewalk

Parking Lot

Approved Dates and Times:

Reason for Denial:

Incomplete Application

Insufficient Space

Requested Dates Unavailable

Requested Times Unavailable

Elevated Security Conditions

Comments: