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***PLEASE FORWARD YOUR COMPLETED APPLICATION VIA E-MAIL TO
SAMMYW@FLORIDAEVERBLADES.COM OR FAX 239-948-2248***

CLIENT INFORMATION

ORGANIZATION: _____

PRIMARY CONTACT AND TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

FAX: _____

NAME OF PROPOSED EVENT: _____

HEADLINER (1): _____

EVENT INFORMATION

***PLEASE NOTE THAT DUE TO OUR LIMITED RIGHT OF FIRST REFUSAL AGREEMENT WITH THE
EVERBLADES HOCKEY TEAM WE MUST RECEIVE CLEARANCE PRIOR TO CONFIRMING HOLDING
OR CONTRACTING EVENT DATES DURING HOCKEY SEASON.***

DATE (S) REQUESTED AT GERMAIN ARENA: _____

TYPE OF EVENT: _____

PROJECTED ATTENDANCE: _____

PROPOSED TICKET PRICE: _____

PROPOSED ON-SALE DATE: _____

NOVELTY SALES AND TYPE: _____



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REFERENCES

Past Facility Usage

Facility Name/Location: _____

Facility Contact: _____

Facility Telephone: _____

Name of Event: _____

Paid Attendance: _____

Box Office Gross (before tax): _____

Facility Name/Location: _____

Facility Contact: _____

Facility Telephone: _____

Name of Event: _____

Paid Attendance: _____

Box Office Gross (before tax): _____

Bank References

Bank Name/Location: _____

Bank Contact: _____

Bank Telephone: _____

Bank Name/Location: _____

Bank Contact: _____

Bank Telephone: _____