

Pyrotechnics Application

AT&T Performing Arts Center

Applicant Information:

Name of Event: _____
Name of Sponsoring Organization: _____
Address of Organization: _____
City: _____ State: _____ Zip Code: _____
Name of Applicant: _____
Phone: _____ Fax: _____ E-Mail: _____

Event Information:

Event Location: _____
Estimated attendance: _____ Time: _____
Event Date: _____ Alternate Date for event: _____
Organization's on-site contact for day of Display: _____
Phone: _____ Fax: _____ E-Mail: _____

Pyrotechnic Display Information:

Display Operator (company name): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____
Operator Name: _____ Cell Phone: _____
Other Contact: _____ Cell Phone: _____

Attach the Following:

- A certificate of insurance for the display operator
- A copy of the display operator's license
- A diagram of the display location from the display operator
- An effects list/schedule from the display operator

Date

Sponsoring Organization Representative Signature

Date

Display Operator Representative Signature

Approvals:

Date

AT&T Performing Arts Center Production Manager

Date

AT&T Performing Arts Center Director of Operations