

Ballston Spa Arts Event / Project Application

The mission of the Ballston Spa Committee on the Arts is to foster and advance artistic and creative efforts in the Village's public spaces in order to enrich and enhance the quality of life in our community.

We want to help bring your arts event or project to life! Please fill out the fields below to provide us with information about your vision. If you have any questions, please contact the Ballston Spa Committee on the Arts.

Personal Information

Name: _____ Business Name: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Email: _____

Mailing Address (If different): _____

Website: _____ Social Media Site Info: _____

Project/Event Details

Title: _____

Projected Date: _____ Hours / Duration: _____

Will this event/project be held rain or shine? Yes No Rain Date (If applicable): _____

Projected Attendance: _____ Number of Vendors: _____

Number of Employees: _____ Number of Volunteers: _____

Project/Event Description: _____

Intended Audience: _____

Check all that apply:

Free Event Entrance Fee: _____

All Ages Welcome Targeted Age Ranges for Event: _____

Handicap Accessible Family Friendly Pet Friendly

(Please see reverse side.)

Will you need assistance from the Village?

- Use of Village owned property Power Water Accessibility Accommodations

Will you need assistance from the Department of Public Works (DPW)?

- Installation Maintenance Trash Removal
 Deconstruction Delivery and Pick-Up of Barriers/Cones

Will you need assistance from the Ballston Spa Police?

- Road Closures Police for Traffic Control/Crowd Control
 Other: _____

What is your budget for the assistance requested? _____

Please describe your funding sources (Attach copies of grants, grant acceptance letters and/or sponsorship information with written confirmation of sponsorship guarantees): _____

Will you be selling products/merchandise at your event?

- Yes No

If yes, please provide the information below and attach a copy of your NYS Tax ID.

Describe the products/merchandise: _____

NYS Tax ID#: _____ ****A copy of your tax ID should be brought to the event.****

Do you have liability insurance?

- Yes No

If yes, please provide the information below and attach a copy of the policy.

Carrier's Name: _____

Please include any other information you feel the Committee may find useful: _____

Thank you for taking the time to provide the requested information. Incomplete applications will not be accepted. Please note, additional forms may also need to be completed. A Ballston Spa Committee on the Arts representative will contact you with further information.

Applicant's Name (Printed)

Signature

Date