This form will be used to produce a premium event on your location. The date(s) listed below are tentative and maybe changed to suit the club’s current events. If you are requesting a specific date, please allow the club to do it’s best to accommodate that request.

Contact Event Coordinator with any questions or comments you may have.

**This form should be signed and sent to Event Coordinator or Event Liaison listed below:**

Event Coordinator:

Marty Stringfield

225 Jones Street

Cambria, WI 53923

E-mail: msstring@centurytel.net

Phone: Home: 920-348-4093 Cell: 920-210-7415

**Event Liaison (assigned by TSAMC):**

Name:

Address:

City/State:       State      Zip:

Phone: Home:       Cell:       Other:

Email:

# Section I: Event Name, Type and Date(s)

Name of the Event:

Date (give more than one if flexible):

Event Type: [ ] Race [ ] Weight Pull [ ] Meeting [ ] Other (define):

# Section II: Event Location and Directions

Name of Location:

Address:

City/State:       State      Zip:

Contact person:

Phone: Home:       Cell:       Other:

Email:

**Directions:**

Directions:

# Section III: TSAMC Agreements

**√** TSAMC promises to conduct a professionally run event.

**√** TSAMC will make every effort not to cancel this event except for reasons outside of its control.

**√** TSAMC will provide liability insurance for its participants

# Section III: Host Agreements

**Please check all of the following that you agree to provide as host for the event:**

[ ]  Logos sent to msstring@centurytel.net sponsors are responsible for providing logos.

[ ]  Ample parking for participants and spectators

[ ]  Designated event area (discuss area requirements with your event Liaison)

[ ]  Restroom facilities

[ ]  Event Banner

[ ]  Trophies for this event

[ ]  Special promotional items: (i.e. posters, interviews, parades etc.)

**Please check all of the following that you agree as host to for the event:**

[ ]  TSAMC may use your logo for advertisement purposes.

[ ]  TSAMC may provide a link to your web site

**Special requirements**

Use the space below to list any special requirements that you as host may have for the event:

# Section V: Signatures

This is not a legally binding document. Its primary purpose is to help both parties know the requirements for a successful event. If either party wishes to discontinue or cancel the event, they may do so with appropriate time considerations. In the event of such cancellation, both parties agree to work together to establish reasonable consideration for costs already incurred for said event.

TSAMC representative:

Printed Name:

Signature: Date:

Host Representative:

Printed Name:

Signature: Date: