

**Illinois Wesleyan University**  
**Booking and Scheduling**  
Petition for Reduction or Exemption of Charges

**Groups or Organizations**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Is organization or group affiliated with the university?

Yes       No

If affiliated, state relationship

\_\_\_\_\_

Please check which applies:

For-Profit       Non-Profit

Will you be charging an admission price for your event?

Yes       No

If yes, please state amount and total expected income

\_\_\_\_\_

\_\_\_\_\_

Please state below a description of your event and how it will benefit the University. Also note your reasoning for reduction/exemption from charges.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individuals**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you affiliated with the university?

Yes       No

If affiliated, state relationship

\_\_\_\_\_

Will you be charging an admission price for your event?

Yes       No

If yes, please state amount and total expected income

\_\_\_\_\_

\_\_\_\_\_