

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

Groups or Organizations

Individuals

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Contact Person: _____

Is organization or group affiliated with the University ?

Yes No

Are you affiliated with the University ?

Yes No

If affiliated, state relationship

If affiliated, state relationship

Will you be charging an admission price for your event?

Yes No

Please check which applies:

For-profit Non-profit

If yes, please state amount and total expected income

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.

***Please return completed for to Cheri Armstrong, Memorial Center 171B, PO Box 2900, Bloomington, IL 61702 or fax: 309-556-3336.*