



DOWNTOWN DAYTON PARTNERSHIP
PROMOTIONAL BANNER PROGRAM

APPLICATION FORM

NAME OF ORGANIZATION: _____

TYPE OF ORAGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

_____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

ADDRESS (if different from organization's): _____

NAME OF EVENT: _____

TYPE OF EVENT: _____

DATES OF EVENT: _____

INSTALLATION DATE: _____ REMOVAL DATE: _____

TOTAL NUMBER OF BANNERS: _____

PRIVATE ENTITY TO HANG BANNERS: _____

PREFERRED LOCATION: Indicate on Attached Map

The undersigned states that he/she has been provided with a PROMOTIONAL BANNER PROGRAM POLICY STATEMENT, and HOLD HARMLESS AND INDEMNIFICATION AGREEMENT, and that he/she has read, understands, and agrees to abide by the Regulations contained in them.

Authorized Signature

Date

Please return application and map to:

Downtown Dayton Partnership
32"Y 0Ugeqpf "U0"Uwkq"833
Dayton, OH 45422
Phone: 224-1518 Fax: 224-3602

(For DDP Use Only)

Date Arrived: _____

Disapprove: _____

Approve: _____

Length of Exposure: _____

Reason: _____

No. of Banners: _____

to _____