



City of Lorain

BANNER REQUEST APPLICATION

Application Submittal Date _____

SPECIAL EVENT INFORMATION

Event Contact's Name _____ Phone Number _____

Organization's Name _____

Address _____ Email Address (REQUIRED) _____

Name/Description of Event _____ Event Date _____

BANNER INFORMATION

Banner Location(s) Requested? **West Erie/Broadway** _____ **South Lorain/Grove Avenue** _____

Will you be providing any artwork? **Yes** / **No**

If providing, is artwork attached: **Yes** / **No** If emailing, confirm that you'll send within 48 hours: **Yes** / **No**

Please **PRINT CLEARLY**. Provide wording for the sign, event date, time, organization name and any other details to be placed on the 4' x 8' banner to be made by the City of Lorain Sign Shop.

Up to two banner proofs will be provided "prior to" printing the banner.

Payment for additional proof requests in the amount of \$25.00 each must be paid in full prior to further changes.

Application / Banner Information For Office Use Only

Date of payment _____

Amount received _____

Banner location availability confirmed by _____

Request approved by _____

First proof emailed _____ Second proof emailed _____

Organizer's emailed approval dated _____

Date banner to be hung _____

Date banner to be removed _____