



Norcam, Inc.
21 Bow Street, North Reading, MA 01864
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Event Coverage Request Form
(please print clearly or type)

PLEASE NOTE: Due to staffing considerations and volunteer availability, please allow one (1) full week of notice prior to your event. At the very least please allow 72 hours notice. This form is NOT a contract, but a proposed guideline and waiver of responsibility. Norcam may not be able to honor your request for a variety of reasons, please respect that decision.

Date: _____ Event Date: _____

Event Title: _____

Name Event Producer(s): _____

Address(es) of Event Producer(s): _____

Phone Number(s) of Event Producer(s): _____

Event Type: _____ Format: _____

Estimated Length of Event: _____

Synopsis of the event: _____

Technical needs/request for this event: _____

Do you currently have any staff or volunteer help: YES NO

Please list any staff or volunteers you have contacted: _____

Please list any patrons or sponsors of this event: _____

List any special permits, copyright waivers, or releases you might need to obtain from public or private sources in order to record, edit, and cablecast this program. Please submit "on-file" copies with the Executive Director.): _____

I/We hereby declare and certify that I/We am/are the responsible party of this event, and therefore assume all responsibilities to and for this event and hold Norcam Inc harmless for anything outside of the control of Norcam Staff and/or Volunteers.

Signed: _____ Date: _____

Signed: _____ Date: _____

If under 18 years of age or if you are assigned a legal guardian, your parent or legal guardian must sign here to indicate his/her approval/knowledge of your actions -

Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY:

Event Coverage Status: APPROVED DENIED

Reason: _____

Notes: _____

Signed: _____ Date: _____