



THIRD PARTY VENDOR INFORMATION

Event Name: _____ Date of Event: _____

Name: _____ Phone Number: _____

Business Name: _____

Contact Name: _____

Phone Number: _____

Service Provided: _____

Business Name: _____

Contact Name: _____

Phone Number: _____

Service Provided: _____

Business Name: _____

Contact Name: _____

Phone Number: _____

Service Provided: _____

Business Name: _____

Contact Name: _____

Phone Number: _____

Service Provided: _____

The party(s) or individuals(s) signing a Facility Use Agreement assumes full financial responsibility for all damages that occur during or, as a result of, their usage of the facilities. The user understands that the City of Marysville shall not be responsible for accidents, injury or loss of personal property. _____
(initial)

Please Return at Least 90 Days Prior to Event