

Section I Contact Information:

Required information: Please complete entire section.

Host Organization: This is the organization accepting all financial responsibility for the event

and provides the requi		tion accepting	an imancial resp.	onsistincy for the crain
Organization Name:	Utah School Em	ployees Associa	tion	
Type of Organization:	() Corporati	ion	()LLC	(X) Non-Profit
Mailing Address: 864 East Arrowhead Lane Murray, Utah 84107				
Physical Address:	SAME			
(If different)				
Primary Phone Numbe	er: <u>(801) 269-9</u> :	320 Fax N	lumber: <u>(</u> 8 <u>0</u> 1	269-9324
Website Address: htt	p://www.t	useautah.org		
Event Organizer:	annonnation, skir, absolverals, an savat skir	e o de desde de desente escribian en arabén.	(antendende anno e e e e e e e e e e e e e e e e e e	and the first control control and the second control the control and the contr
Event Organizer is the applicant given authorization by the host organization to apply for the Special Even Permit, the contact person who will be available for all inquires prior, during, and post event.				
Name & Title:C	hris Godfrey O	rganizational Sp	eclalist	
Wail Address: 864 East Arrowhead Lane Murray, Utah 84107				
Primary Phone Numbe	r: <u>(80) 269-93</u>	320 Cell Ph	one Number: <u>(</u>) 801-592-6020
Fax Number: (801-798-9162 Email Address: cgodfrey@useaut.org				
Only those authorized as the event organizer will be able to make changes to the				