

State St. Business Complimentary Ticket Request

Name of Business _____

Address _____

City/State/Zip Madison, WI 53703

Contact Name _____

Contact Phone _____ (W) _____ (C)

Fax _____ E-mail address _____

of tickets requested _____

Please provide a copy of the business lease or license to verify location on State St.

If more than 2 tickets are requested, please provide a list of the employees who will be working the evening of October 28, 2006.

Please mail or fax the completed application and supporting documents to:

Parks Division

Fax 608-267-1162

State Street Halloween

215 MLK Jr. Blvd. Rm. 120

Madison, WI 53703

Tickets will be available beginning October 2, 2006.

Pick up options: (please check one)

_____ 700 State St. Ticket booth (Hours: 3-9pm daily)

_____ Park Office (Hours: 8am-4:15pm, M-F)

_____ Mail delivery

----- **Warning & Disclaimer** -----

The Halloween event on State St. is not sponsored by the city of Madison or any other entity. No permit has been issued for this event. An admission fee is charged solely for the purpose of paying for some of the public safety costs generated by the spontaneous occurrence of this event. The City of Madison cannot and does not guarantee your safety at this event. You enter the event area at your own risk and are responsible for your own actions and safety.

Signature

Date