



Richmond Memorial Auditorium Electronic Marquee Request Form

Organization		
Representative	Name:	
	Tel/Cell #:	
	Email:	
Poste Date:		End Date:

- * Please print clearly.
- * Request must be made at least 1 week prior to the first day the message is to appear on the marquee.
- * Fee is \$51 per week.
- * No ongoing displays and displays limited to following priority:

1. Richmond Memorial Auditorium Events
2. Richmond Memorial Auditorium Rentals
3. Community Services Department Activities
4. City of Richmond Special Events
5. City of Richmond Department Notifications
6. Community Partners
7. All other requests.

Please submit request to the Community Services Registration/Booking Office
 3230 Macdonald Avenue
 510-620-6793 or email to
 csdregistration@ci.richmond.ca.us

Acknowledged by: _____ **Date:** _____

(Your signature confirms acceptance of above mentioned Rental Policy. Keep a copy for your file and return entire page)