

Utica Memorial Auditorium Marquee Message Application

DATES

one day run

1st choice _____

2nd choice _____

3rd choice _____

multi-day run

1st choice _____ - _____

2nd choice _____ - _____

3rd choice _____ - _____

(leave 2nd & 3rd choice blank if your message must run on the 1st choice or not at all)

MESSAGE

please print legibly, about 15-20 characters per line and **remember**

short messages = larger letters = easy to read, longer messages = smaller letters = difficult to read

RENTER INFO

name _____

address _____ city _____ zip _____

daytime phone _____ email _____

PAYMENT INFO

_____ total days x \$50. (personal) = _____ total due & enclosed

OR

_____ total days x \$100. (commercial) = _____ total due & enclosed

cash

check # _____

Mail this form and your check to Utica Memorial Auditorium, 400 Oriskany St West, Utica, NY 13502

DO NOT MAIL CASH

Forms and cash payments may be delivered to the Auditorium Office Monday to Friday between 9am-4pm

REMINDER: PAYMENT & FORM MUST BE RECEIVED AT LEAST 7 DAYS PRIOR TO RUN DATE