



City of Lowell

JFK Civic Center, 50 Arcand Drive, Lowell MA 01852

Roberto Dei

Cultural Affairs & Special Events

Flag Raising Application

DATE OF REQUEST: _____

APPLICANT NAME (*organization*): _____

CONTACT NAME (*If different*): _____

PHONE: _____ CELL PHONE: _____ E-MAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE of FLAG RAISING: _____ TIME: _____

ABOUT YOUR EVENT

Set Up Starting Time:

Clean Up End Time:

Will you require a podium set -up?

Yes No

Will you require a sound system? Is

Yes No

there a reception that follows?

Yes No

Country represented: _____

Expected Participants: _____ Spectators _____