



IDAHO FALLS
AUDITORIUM DISTRICT

REGISTRATION FORM

Name of property/business (incl. DBA/LLC): _____

Property Address: _____

Type of business (check one): Hotel/Motel B&B RV/camp
 Short Term Rental (House, Townhouse/Condo, etc.)

Billing Address: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

Owner Name: _____

Owner Address: _____

Owner Phone: _____

Owner Email: _____

Signature: _____ Date: _____

