



WRAC Registration for Event Organizers
zerowastepittsburgh.org
412-770-6951

Contact Information

Name of Organizing Body (Foundation/Business/Non-Profit): _____

Street Address _____ City _____ Zip _____

Primary Contact (Required) _____ Title _____ Phone _____

E-Mail Address _____

Secondary Contact (Optional) _____ Title _____ Phone _____

E-Mail Address _____

Event Information

Today's Date (mm/dd/yy) _____ Event Time & Date(s) _____

Event Name _____ Event Size (Choose) _____

Event Recurrence (Choose) _____ Do you plan to recertify(Choose) _____

Nature of Event (Art Festival/Music Concert/Lecture/Conference) _____

Venue Information

Location Name of Event (Building/Park/Neighborhood) _____

Street Address _____ City _____ Zip _____

Do you own/rent/borrow the venue in which the event will take place? _____

Payment Information

Upon review of your submitted form, your payment will be determined based on the Small, Medium and Large categories listed on the Zero Waste Pittsburgh website.