



Center for the Arts
Application for Theatre Use

Billing:

Company name: _____

Address: _____

Person Submitting Request: _____

Phone: _____ **Cell Phone:** _____ **Email:** _____

Primary Contact (Event Coordinator): _____

Event Schedule

	Date(s)	Start and Ending Times.
Set Up		
Rehearsal(s)		
Performance(s)		
Load Out		

Is program content appropriate for all age levels? Yes/No

Will items be sold at the event? Yes/No (any outside groups subject to merchandise fees)

Will there be concessions sold? Yes/No (if yes, all concessions must be sold and consumed)

Description of Event:

Will admission, registration be charged or a donation requested? ____ Yes ____ No

Audience Information: Anticipated Audience Size _____

Event will be attended primarily by :