



## Application for Rental Space(s)

Organization: \_\_\_\_\_

Non-profit (501c3) Organization: Yes \_\_\_\_\_ No \_\_\_\_\_

Use Date(s) Requested: \_\_\_\_\_

### Rental Spaces/Floor Plans

#### Rental Rates

_____ Main Hall	_____ Studio Theater
_____ Rehearsal Hall 1	_____ Rehearsal Hall 2
_____ Lobby	_____ Stage only
_____ Gallery	_____ SKyPAC Lounge

### Type of Event

Describe: \_\_\_\_\_

SKyPAC Space Requested: \_\_\_\_\_

Dates Requested: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Day(s) of Week: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ a.m./p.m. Event End Time: \_\_\_\_\_ a.m./p.m.

Event Set-Up Time: \_\_\_\_\_ a.m./p.m. Event Tear-Down Time: \_\_\_\_\_ a.m./p.m.

Rehearsal Time (if desired): Date: \_\_\_\_\_ From/To: \_\_\_\_\_

Public Performance Time (if applicable): \_\_\_\_\_

Approximate number of guests: \_\_\_\_\_

Admission charged: Yes: \_\_\_\_\_ No: \_\_\_\_\_ *Note that use of the SKyPAC Ticketing System is required*

If Yes, indicate approximate average ticket price: \_\_\_\_\_

### Contact Information

User's Authorized Representative (please print): \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Billing Address *(if different than above)*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ (evening): \_\_\_\_\_ Cell: \_\_\_\_\_

Submittal of this application does not imply confirmation. A Use Agreement is only issued following discussion between User's authorized representative and SKyPAC management. During that discussion, SKYPAC's use policies, ticketing information, labor, insurance requirements, and other costs are discussed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If completed on-line, submit to: [jgoldammer@theskypac.com](mailto:jgoldammer@theskypac.com) or fax to: 270/904-0842