

VENUE RENTAL FORM

Main Contact Name: _____

Email: _____ Phone Number: _____

EVENT DETAILS

Name of Event: _____

Requested Date: _____ Start Time: _____ End Time: _____

Number of Participants: _____ ***Must adhere to state and local guidelines of the time of the event.**

Space Requesting:

- Cafe
- Barn Room
- Theatre 50
- Second Stage
- Theatre 82
- Other/Combination: _____

Description of Event: _____

Equipment Needs: _____

Will you require one of our staff members to assist in any way? If so, how? _____

PAYMENT INFORMATION

For Office Use Only

Price Quote: _____

Method of Payment: _____ Payment Received Date: _____ Initials _____

If check or credit: Check # or Last-four digits of CC with exp. date: _____

By signing this form, you are agreeing to abide by the state and local guidelines regarding COVID-19 safety precautions, and will not hold Artists' Exchange nor Gateways for Change responsible if in the event of exposure on the premises. You also agree to clean up following the event and remove any and all personal belongings.

Signature

Date