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: 1st choice __________________  2nd 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: igoldammer@theskypac.com or fax to: 270/904-0842