

LIBERTY CENTER ASSOCIATION for the ARTS RENTAL APPLICATION

(Return Completed Application to Executive Director)

APPLICANT INFORMATION

Company/Name: _____ Contact Person: _____

Mailing Address: _____ E-Mail Address: _____

_____ Telephone: _____

Website (if any): _____

Type of Organization: Non-Profit Organization Public Agency Amateur
 Professional Corporation Individual

Names of Officers/Partners

Name and title of authorized person to sign contract

EVENT INFORMATION

Event Name: _____

Anticipated Audience: _____ Length of Program: _____

Event Description: _____

Tickets will be: For public sale By Invitation only Free (tickets required) Other (please attach details)

Is there a pre- or post-event reception planned? YES NO

Are there dignitaries, VIP's, etc. anticipated to attend your event? YES NO

If yes, please list names: _____

DATES AND TIMES REQUESTED

*Note: A standard "day" is 10 hours maximum, with the earliest "start" time of 8:00a.m. and end time of 6:00p.m.
Activities scheduled beyond the standard day will be subject to additional facilities and personnel charges.
A minimum 1.5 hour lunch/dinner break will be observed every daily.*

Date: _____ **Arrival Time:** _____ **Departure Time:** _____

Activity/Performance Time: _____

* **Arrival Time** is the time you need the facility opened

** **Activity** should indicate time event begins