

RENTAL REQUEST FORM FOR EVENTS

APPLICANT INFORMATION SHEET



Event Title:		
Requested Space:		
Requested Date(s) & Time(s)		
Will You Need Audition Space? If YES, What Date(s) & Time(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will You Need Rehearsal Space? If YES, What Date(s) & Time(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Event Description:		
Is this A Public or Private Event?		
Will you be selling Tickets To This Event? If YES, approximately how much will Tickets Cost?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Approx. Number of Participants:		
List Any Sponsors:		
Is this a charity/fundraising event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, state the organization proceeds will go to:		
Are you keeping a Portion of The Proceeds?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you Provide Security For This Event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will You Need Sound & Lighting Equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you Need Caterers For This Event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you Need Chairs/Tables for This Event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you Provide Proof of Insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "NO", your application will Not be submitted until proof of insurance is received.		

****Reminder: A Non-refundable deposit of 50% is required in order to secure your desired date. Please make checks payable to The Niagara Arts and Cultural Center. Upon acceptance, all groups are required to show proof of \$1,000,000 liability insurance naming the Niagara Arts and Cultural Center as an additional party insured for date(s) of building use. A meeting may be required to finalize all other details and fees due. You will Not be approved for rental without proof of insurance.**

I, _____, hereby state that information I have provided
(name of applicant)

On this application is true and up to date, I will inform the NACC immediately if any of this information changes. I understand that the NACC reserves the right to contact the references I have provided, and my employer. I understand that the NACC reserves the right to refuse this application.

Signature of Applicant

Date