

Hallie Brown Ford Fine Arts Center Preliminary Rental Request

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Contract Signed

Insurance

Space(s) Requested:				
Spaces(abbreviations); Ataloa Theatre(A)	; Chalmers Herman Theatre(CH); Lockmiller L	obby(L); Pogue Art Gallery(G); Sculpture Ga	rden(SG); Centennial Plaza(P); D.I. Summers Theatre (DI)	
Event title:				
Organization				
Contact Person				
Address		City	St./Zip	
Number of patrons expected (per performance)	E-mail	Pho	ne	
	al form. All reservations and arrangements			
Use the space below to desc	ribe your event:			
Date(s) requested:				
Is this a ticketed event?	this a ticketed event? If so, do you plan to utilize the HBFFAC Box Office or ticketing website?			
What time will you be entering	ng the space?	What time will your e	vent begin?	
What time will you be leaving	g the space?	What time will your e	vent end?	
Your time entering and leaving the and tear down for your event.	space must include the time spent in set	1	t the beginning and end times that are listed to the o the public thirty minutes before the time listed.	
Technical Needs (<i>Please m</i> NOTE: If booking the Dorothy I. Summ Sound: Lectern CD P			: AV: Video Projector & Other AV	
(w/mic)	For basic on/off ligh	ting	Screen	
Hand Held Phone w/Stand Ipod dock available			Facility Laptop	
Lapel Mic Other S	ound Follow Sp	bot	DVD Player	
Other Needs: # need Tables: # need Rectangular (8')	# needed# neededWill there be food service?ar (8)Pub (26" dia.)Food can be arranged through ECU's on campus food service provider: Chartwell's. If you plan to bring your own food, Chartwell's must be offere the opportunity for first refusal.ar (6)ChairsChartwell's contact: 332-154			
governing the use of such facilities and further ag named as co-insured in the amount of \$1,000,00	ee to be responsible for any damages that may ou 10 at least ten (10) business days in advance of m 19 sequired by Section 504 of the Rehabilitation	cur to the facilities during such use. I understa y event. I understand that any charges are to be	comply with the Policies and Procedures of East Central Universit nd that I am required to submit proof of liability insurance with EC paid in advance or upon presentation of an invoice. Additionally, I (including all associated amendments) for any participants, officials of the Lessee.	
Lessee Signature		Date		
Accepted	Denied		FOR OFFICE USE ONLY	

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