

The Edgerton Center for the Performing Arts

5151 Park Avenue | Fairfield CT 06825 | Box Office: 203.771.7908 | Fax: 203.365.4858

Theater Rental Questionnaire

Date: _____

Contact: _____ Legal Name of Org: _____

Applicant is: Individual Corporation Commercial Promoter 501 c3 (Non profit) Local Arts

Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____

Performance Details:

Date of Event: _____

Type of Event: _____ Name of Event: _____

Artist or Organization Website: _____

Total Number of Performers: _____

Short Description of Performance: _____

Event Start Time: _____ Run Time: _____ Intermission: Yes or No Length: _____

Load In Time: _____ Sound Check/Rehearsal: _____ Load Out Time: _____

Anticipated Attendance (#): _____ Charge Admission: Yes or No

Estimated Ticket Price(s) & Scaling: _____

Anticipated On-Sale Date: _____

Technical Requests/Info:

Do you have a TECHNICAL RIDER for your event? No Yes

Do you have a Stage Manager/Production Contact? No Yes

Name: _____ Contact Info: _____

<u>STAGE:</u>	NO	YES	<u>STAGE NOTES</u>
Podium	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tables (side stage or on)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Music Stands	<input type="checkbox"/>	<input type="checkbox"/>	_____
Piano	<input type="checkbox"/>	<input type="checkbox"/>	_____
Piano Tuning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marley Dance Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____
Risers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flags (hung or standing)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Banner Display	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>SOUND:</u>	NO	YES	<u>SOUND NOTES</u>
Handheld Microphones	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wireless Microphones	<input type="checkbox"/>	<input type="checkbox"/>	_____
CD Player	<input type="checkbox"/>	<input type="checkbox"/>	_____
IPOD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mini-Disk	<input type="checkbox"/>	<input type="checkbox"/>	_____
Computer	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>LIGHTING:</u>	NO	YES	<u>LIGHTING NOTES</u>
Follow Spot	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>A/V:</u>	NO	YES	<u>A/V NOTES</u>
Projection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Screen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Videotaping/Media	<input type="checkbox"/>	<input type="checkbox"/>	_____

** For Archival purposes renter must submit a letter stating that material will not be used for commercial use.*

<u>MISCELLANEOUS:</u>	NO	YES	<u>MISC. NOTES</u>
Dressing Rooms	<input type="checkbox"/>	<input type="checkbox"/>	_____
Backstage Food Service	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Production Notes:

Additional Activities:

No Yes

Details (Location, Times, Created by, etc.)

Merchandising/Souvenir Sales

Will you sell or do we need to provide a seller?

Program Distribution

Will you have any staffers to be inserted in the program?

Registration or Media Tables

Poster/Banner Display (Lobby)

Pre or Post Reception Activity

Comments/Additional Information
