

Good for events through:
June 30, 2010

Event Setup Form

Please complete this form and distribute one copy to each of the following departments:

Facility Rentals | Operations | Production | Marketing | Finance |



Event Name: _____

Date Completed: _____ **By:** _____

HOLD **CONFIRMED**

Event Date and Time: _____ **Through:** _____

PUBLIC **PRIVATE**

Presenter

AWC **CO-PRO** **3RD PTY**

Presenter's Name: _____

Presenter's Address: _____ Phone: _____

Non-Profit: __ < \$500,000 or __ > \$500,000 Operating Budget Fax: _____

Occupancy

Starting Date: _____ Ending Date: _____

Starting Time: _____ Ending Time: _____

Facilities

- | | | | |
|----------------------------------|---------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Theater | <input type="checkbox"/> Education | <input type="checkbox"/> Café | <input type="checkbox"/> Gallery 1 |
| <input type="checkbox"/> Studio | <input type="checkbox"/> Donor Lounge | <input type="checkbox"/> Conference | <input type="checkbox"/> Gallery 2 |
| <input type="checkbox"/> Lob 1W | <input type="checkbox"/> Lob 1E | <input type="checkbox"/> Lob 2W | <input type="checkbox"/> Lob 2E |
| <input type="checkbox"/> DR-1 | <input type="checkbox"/> DR-2 | <input type="checkbox"/> Green Room | <input type="checkbox"/> DR-3 |
| | | | <input type="checkbox"/> DR-4 |

Event

Primary Contact: _____ Phone: _____

Email Address: _____

Technical Contact: _____ Phone: _____

Email Address: _____

Event Description: _____

Notes:

Catering Required? ___ AV Required? ___

Event is organized by or focused toward the African American community Expected Attendance: _____

Internal

Primary Internal Contact: _____

Phone Number: _____ Department: _____