



RAINIER ARTS CENTER RENTAL APPLICATION

CONTACT INFORMATION

Name (Organization or Individual): _____

Address (Street): _____

Address (City, State, Zip): _____

Phone: _____ Email: _____

Is this a non-profit? Yes No | If yes, provide Tax ID number: _____

Who is the contact-person for this event? If different than above.

Name: _____

Phone: _____ Email: _____

EVENT INFORMATION

When will this event take place? Date(s): _____

Rental start time (includes load-in and set-up): _____

Rental end time (includes clean-up and load-out): _____

Event start time (AFTER load-in and set-up)? _____

For performances, please indicate which dates/times are rehearsals and tech rehearsals. _____



VENUE INFORMATION (continued)

What type of event will this be? _____

What activities will occur during this event? _____

What is the name of the event? _____

VENUE / EQUIPMENT NEEDS

Which space will you need for your event?

Check all that apply: AUDITORIUM / EVENT ROOM / KITCHEN

Using the KITCHEN? What will be prepared? _____

Will alcohol be served at this event? Yes / No

Using the AUDITORIUM? What equipment* will you need? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Sound system | <input type="checkbox"/> Connector for personal device (music player, laptop, etc.) to projector |
| <input type="checkbox"/> Microphones (only wired). How many? _____ | <input type="checkbox"/> Piano |
| <input type="checkbox"/> Projector | <input type="checkbox"/> Stage – theater lights |
| <input type="checkbox"/> DVD/BluRay player | <input type="checkbox"/> Stage – work lights |

*Use of auditorium audio/video equipment requires a technician at an additional fee.
Initial _____

A cleaning fee will be added unless Renter will handle clean-up responsibilities.
Initial _____