



**Performing Arts Theatre  
Main Stage / Black Box  
Booking Form**

**Contact Information**

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternant Phone Number: \_\_\_\_\_

Event Name: \_\_\_\_\_

Proposed Date(s) of Event: \_\_\_\_\_

Proposed Time(s) of Event: \_\_\_\_\_

Is your organization a 501(c) Non Profit:  YES  No

Is your event: Public:  Private:

Will it be a ticketed event:  YES  No

**Area for Use:**

- |   |   |
|---|---|
| <input type="checkbox"/> Lobby                  | <input type="checkbox"/> Main Theatre     |
| <input type="checkbox"/> Conference Room PA125  | <input type="checkbox"/> Green Room PA114 |
| <input type="checkbox"/> FA 2 Black Box Theatre |   |

**Type of Event:**

- |  |   |
|--|---|
| <input type="checkbox"/> Theatre                 | <input type="checkbox"/> Dance          |
| <input type="checkbox"/> Music Concert / Recital | <input type="checkbox"/> Public Meeting |
| <input type="checkbox"/> Workshop                | <input type="checkbox"/> Conference     |

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit

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PAT Use only.  Approve  Not Approved