



# L. Douglas Wilder Performing Arts Center

700 Park Avenue, Norfolk, Virginia 23504  
Phone (757) 823-2061 Fax (757) 823-2064

**Instructions:** Download this PDF and save to your computer. Next fill out the form completely and save your changes. Then email the completed PDF to [wilder@nsu.edu](mailto:wilder@nsu.edu).

If you have questions regarding this form, please contact Rhonda Britt, Administrative Specialist at 757-823-2061 or [rabritt@nsu.edu](mailto:rabritt@nsu.edu).

## FACILITY RENTAL APPLICATION

*For use of the theater and/or facility within the L. Douglas Wilder Performing Arts Center only. See the Meeting Room Reservation Form to reserve a meeting/conference room.*

Date Submitted: \_\_\_\_\_

*This form is due 90 days prior to the event date requested.*

The undersigned (the "Applicant") is applying for permission to use the Norfolk State University L. Douglas Wilder Performing Arts Center as noted below on the date(s) specified for the purpose or purposes indicated. A **twenty-five dollar (\$25.00)** non-refundable application fee must be submitted with this application and mailed to the address above. No action can be taken until all information requested on the application is provided. Completion of this application is not a guarantee of facility use. A written space confirmation will be issued within two weeks of receipt of the completed Facility Rental Application. **\*NO ACTION will be taken until \$25 application fee is received.**

Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Daytime \_\_\_\_\_ Evening/Cellular \_\_\_\_\_

**Organization Status** (check all that apply):

Corporation  Non-Profit  Community Organization  School  Government Entity

Other Organization: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_ *Proof of Tax Exemption Required*

Is the sponsoring organization directly affiliated with or part of Norfolk State University?

Yes  No

If yes, list the affiliation or office/department/organization:

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List two (2) principal officers or contacts for the Applicant/Organization:

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

List the primary point of contact and/or representative authorized to sign a Facility Rental Agreement for the L. Douglas Wilder Performing Arts Center, telephone/cellular phone number, and email address:

Name: \_\_\_\_\_ Phone/ Cell: \_\_\_\_\_

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

Please list the date (mm/day/year) for your first choice and alternative choice for the use of the Center:

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Please provide a full description of the event or performance, and artists involved.

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Do you have a signed contract(s) with the performer(s) you are engaging for event at the Center?

\_\_\_ Yes \_\_\_ No If no, when do you expect to have an executed contract? \_\_\_\_\_

**Event Information:**

Requested Set-up/move in Date: \_\_\_\_\_ Set-up time: \_\_\_\_\_

Number of meetings: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_

Time: Doors Open \_\_\_\_\_ Meeting Start: \_\_\_\_\_ Meeting End: \_\_\_\_\_

**Technical Requirements:**

Please provide a description of the technical requirements (e.g., lighting, sound, and stage) for your event.

Attach a technical rider.

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**Food Service:**

All catering and concessions at the L. Douglas Wilder Performing Arts Center are under exclusive contract with the Norfolk State University Caterer. Arrangements for food and beverages must be coordinated through the Center staff. Ordering or delivery of "take out" food is not permitted.

What type of food and/or beverage service is requested? Provide the number of meals needed.

Continental Breakfast: # \_\_\_\_\_ Lunch: # \_\_\_\_\_ Dinner: # \_\_\_\_\_

\_\_\_\_\_ Cold \_\_\_\_\_ Hot Reception: # \_\_\_\_\_ Hors d'oeuvres \_\_\_\_\_ Heavy \_\_\_\_\_ Light

Beverage Service: # \_\_\_\_\_ Other: \_\_\_\_\_

Have you produced a similar event before? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide the name of facility where that event was held and the name and telephone number of the contact person for that facility.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Provide the names and telephone numbers of two (2) business references:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The Applicant represents that he/she has made a full and complete disclosure of all information that might be pertinent to the Center's consideration of this application and that all of the above statements and information are true. The Applicant represents that he/she have read and agree with the Policies and Procedures of the L. Douglas Wilder Performing Arts Center.

\_\_\_\_\_  
**Signature of Applicant** *I understand that by typing my name in this box constitutes a legal signature confirming that that I agree with the Policies and Procedures of the L. Douglas Wilder Performing Arts Center.*

\_\_\_\_\_  
Date

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Do not write in shaded area below.

<b>Date received:</b> _____	<b>By:</b> _____
<b>LDW Approval Received:</b> _____	<b>VP Approval Received:</b> _____
<b>Confirmation Sent:</b> _____	<b>Deposit Received:</b> _____