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.

Applicant/Organization:

Corporate Name: ________________________________________________________

Address: ______________________________________________________________________

City: ______________________ State: _______ Zip Code: ______________________

Telephone Number: ____________ Evening/Cell Number: ____________________________

Email Address: ______________________________

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:

__________________________________________

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: ______________________________ Telephone: _______________________
Email: ______________________________

Please list the date (mm/day/year) for your first choice and alternate choices 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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have a signed contract(s) with the performer(s) you are engaging for an 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: __________

Rehearsal Schedule (date(s) and time(s): __________________________________________________________________________

Number of performances: ________________ Anticipated Attendance: ________________

Time: Doors Open ___________ Event Start ___________ Event End ___________

Technical Requirements:

Please provide a description of the technical requirements (e.g., lighting, sound, and stage) for your event. Attach a technical rider. Use additional sheet if necessary.

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Have you produced a similar event before? ______ Yes ______ No

If yes, please provide the name of the 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: __________________________
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: Beverage Service: #______________

Other: ______________________________

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 Date

_________________________________________
Printed Name of Applicant

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Do not write in shaded area below.

Date received: __________ By: ___________________________
LDW Approval Received: ___________________________ VP Approval Received: _______
Confirmation Sent: __________________________ Deposit Received: __________