

**L. Douglas Wilder Performing Arts Center
Norfolk State University**

700 Park Avenue, Norfolk, Virginia 23504
Phone (757) 823-2063 Facsimile (757) 823-2064

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.

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

Do not write in shaded area below.

Date received: _____ **By:** _____
LDW Approval Received: _____ **VP Approval Received:** _____
Confirmation Sent: _____ **Deposit Received:** _____