



THE BENVENUTI PERFORMING ARTS CENTER PRIVATE RENTALS APPLICATION

An attractive location for recitals, graduations, conferences and receptions, The Benvenuti Performing Arts Center is available for private rental. The changing exhibitions in the light filled Main Gallery offer lively environments for cocktail parties and receptions while our theater seats 358 theater style.

Please note: our schedule is limited due to our existing commitments. Please reserve your space early by filling out this application and returning it to boxoffice@benarts.org or fax to 916.928.5333, Attn: Arts & Outreach Coordinator

RENTAL APPLICATION

Contact Person: _____

Mailing Address: _____

City _____ State _____ Zip _____

Day Phone (____) _____ Cell Phone (____) _____

E-mail _____

Alternate Contact Person: _____

Day Phone (____) _____ Cell Phone (____) _____

E-mail _____

Will you sell tickets for your event? _____ YES _____ NO

If so, please fill out the information below;

Ticket Prices (Fill-in all that apply):

Ticket \$ _____ Adult _____ (ages i.e. 18 & above)

Ticket \$ _____ Youth _____ (ages i.e. 17 & below)

Ticket \$ _____ Senior _____ (ages i.e. 55 & above)

Ticket \$ _____ Group _____ (min # in group to qualify)

Ticket \$ _____ Other _____

Where and when do you plan to sell tickets for your production/event? _____

Cast and Crew

Number of adult performers _____

Number of youth (under 18) performers _____

Number of staff/crew _____

TECHNICAL NEEDS

Will your event/production require lighting design? _____ YES _____ NO

Does your event/production have a qualified lighting designer? _____ YES _____ NO

Will your event/production require sound design/board operation? _____ YES _____ NO

Does your event/production have someone qualified in sound designer/equipment?
_____ YES _____ NO

Will your event/production require use of the fly system? _____ YES _____ NO

Does your event/production have someone qualified to operate the fly system? _____ YES
_____ NO

PLEASE NOTE: At the time that a contract is signed and a deposit is made, the Artistic Director and/or Production Manager from your event/production must submit Tech Crew info.

Please mark any additional equipment your event/production will require use of. There is an additional charge for use of this equipment:

___ Projector

___ Piano

___ Marley Floor

___ Wireless Mics

ARTISTS/ARTS ORGANIZATION NAME _____

PROPOSED USE DATES AND TIMES: FIRST CHOICE

Month/Year: _____

Load-in:

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Rehearsals:

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Performances:

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Load-out:

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

ARTISTS/ARTS ORGANIZATION NAME _____

PROPOSED USE DATES AND TIMES: SECOND CHOICE

Month/Year: _____

Load-in:

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Rehearsals:

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Performances:

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Load-out:

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

ARTISTS/ARTS ORGANIZATION NAME _____

PROPOSED USE DATES AND TIMES: THIRD CHOICE

Month/Year: _____

Load-in:

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Rehearsals:

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

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Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

Load-out:

Dates: _____ - _____ Time: From _____ am/pm To: _____ am/pm # of hours _____

VIII. Support Materials

You are welcome to attached materials that relate to your production/event that may be helpful to the selection committee.

I understand that this application serves as a request for theater space and does not confirm a theater reservation.

Signed: _____

Print Name: _____

Signed: _____

Print Name: _____