

## Grace Street Theater Booking Request Form

**CONTACT/ REQUESTOR INFORMATION**

Today's Date: \_\_\_\_\_

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| <b>Name:</b>                        | <b>Organization:</b>                 |
| <b>Phone (business):</b>            | <b>Phone (additional):</b>           |
| <b>Email:</b>                       | <b>Fax:</b>                          |
| <b>Mailing address:</b>             |                                      |
| <b>2<sup>nd</sup> Contact Name:</b> | <b>2<sup>nd</sup> Contact Phone:</b> |

**DANCE AND CHOREOGRAPHY DEPARTMENT CONTACT INFORMATION**

|   |  |
|---|--|
| Grace Street Theater, 934 West Grace Street |  |
| <b>Address:</b> P.O. Box 843048             | <b>Phone :</b> (804) 828-2020  |
| Richmond, VA 23284-4038                     | <b>Fax:</b> (804) 827-0154   |
| <b>Contact:</b> Sandee Flores, Manager      | <b>Email:</b> <a href="mailto:smflores@vcu.edu">smflores@vcu.edu</a> |

**DESCRIPTION OF EVENT**

| <b>Title of Production/Event:</b>  |     |                    |                     |             |           |
|--|-----|--------------------|---------------------|-------------|-----------|
| <b>Space(s) to be used - Lobby, Seating Area, Stage, Backstage, Courtyard:</b>                                 |     |                    |                     |             |           |
| <b>Type of Activity - Lecture, Film, Dance Production, Concert, Panel Discussion, Other (please describe):</b> |     |                    |                     |             |           |
| <b>Technical Needs (Podium, microphones, A/V Needs, stage lights, etc.):</b>                                   |     |                    |                     |             |           |
| <b>*VCU technical support questions for event - Contact Le Lew (804) 828-2401</b>                              |     |                    |                     |             |           |
| <b>GST Personnel:</b> House Manager, Technical Director, Lighting Designer                                     |     |                    |                     |             |           |
| <b>Complete Date Range of Rental:</b> _____  |     |                    |                     |             |           |
| <b>Specific performance dates &amp; times - Please fill in details below:</b>                                  |     |                    |                     |             |           |
| DATE   | DAY | TIME IN - FACILITY | TIME OUT - FACILITY | EVENT BEGIN | EVENT END |
|  |     |                    |                     |             |           |
|  |     |                    |                     |             |           |
|  |     |                    |                     |             |           |
|  |     |                    |                     |             |           |

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**OFFICE USE ONLY:**

**Fee Estimate\***

|                      |                       |  |
|----------------------|-----------------------|--|
| <b>Basic Rental:</b> | <b>Equipment Fee:</b> |  |
| <b>Personnel:</b>    |                       |  |

\*Balance of fees may be adjusted to reflect changes in event needs. In order to secure your reservation a 25% deposit is required upon receiving confirmation of event. Full payment must be received two weeks prior to event date. Deposits are not refundable.

|                    |                       |                       |                       |                      |
|--------------------|-----------------------|-----------------------|-----------------------|----------------------|
| <b>DEPT. CHAIR</b> | <b>DATE APPROVED:</b> | <b>GST HOUSE MGR.</b> | <b>TECHNICAL DIR.</b> | <b>LIGHTING DIR.</b> |
|                    |                       |                       |                       |                      |