

DATE HOLD APPLICATION

Thank you for your interest in hosting your event at the Porter Sanford III Performing Arts & Community Center in South DeKalb. Submitting a request does not guarantee the availability of your date. In order to insure the approval of your request, you must meet with PSPACC staff by appointment only, where we will confirm your date and add it to the PSPACC calendar. Upon approval of this application, a 50% deposit is due and the application cannot be further processed without the required deposit. All events are invoiced in two parts: Deposit = 50% with the final payment due 30 days before the event date. Please note that dates are booked on a first-come, first served basis. For more information please call: (404) 286-7262. Fax: (404) 286-7360.

Name: _____
 (Name of Company, Organization or Individual)

Address: _____

City: _____ State: _____ Zip: _____

Type of Event: _____

Name of Event: _____

Description of Event: _____

Anticipated Attendance # _____ Adults Y/N _____ Children Y/N _____ Ticketed Y/N _____

Space Requested:

- | | | | |
|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Lobby | <input type="checkbox"/> Box Office | <input type="checkbox"/> Catering Kitchen | <input type="checkbox"/> Community Rm. |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Exhibit Room | <input type="checkbox"/> Art Room | <input type="checkbox"/> Gallery |
| <input type="checkbox"/> Black Box | <input type="checkbox"/> Music Room | <input type="checkbox"/> Dressing Rooms | <input type="checkbox"/> Practice Rm. |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Dance Studio | <input type="checkbox"/> Coat Check | |

Equipment Requested:

- | | | | |
|---------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Tables | <input type="checkbox"/> Microphones | <input type="checkbox"/> DVD Player |
| <input type="checkbox"/> Piano | <input type="checkbox"/> One Day Alcohol Permit | <input type="checkbox"/> Technical Operator | |

Other Notes: _____

Dates Req'd 1st Preference: _____

Days of the Week: _____

Dates Req'd 2nd Preference: _____

Days of the Week: _____

Event Start Time: _____ am/pm End Time: _____ am/pm

Setup Hrs: _____ Event Hrs: _____ Breakdown Hrs: _____

Total Hrs. Needed _____ (setup+event+breakdown)

Name of Primary Contact: _____

Telephone Info. - Cell: _____

Office: _____

Name of On-site Contact (if not same as primary): _____

Telephone Info. - Cell : _____

Office: _____

PSPACC Staff Date Rec'd: _____