

Artworks Facility Rental Request and Agreement Form

1. General Information

Name of Renter/Contact Person_____

Address_____

Phone_____Email_____

Event Title or Purpose_____

Estimated Number in Attendance_____

(Maximum Numbers: Upper level – 131, Lower level – 150)

2. Area requested

Date:_____

Time In_____Time Out_____

Second Floor: Meeting Room_____

Artist Incubator_____

Main Floor: Round Table_____

Lower Level: Dance Studio A with reception/seating area_____

Dance Studio B_____

Music Practice Room_____

Classroom_____

Kiln_____