

**CULTURAL ARTS CENTER
WHITEWATER ARTS ALLIANCE**

EVENT PROPOSAL

Date of event _____

Time Requested _____

Space Requested Theatre area (South room)
 Lobby area (Middle room)
 Gallery area (North room)

Name of Person or Organization requesting space _____

Name of person completing application _____

Mailing address of organization or contact person _____

Telephone of contact person _____

Email address _____

Please describe event _____

I have reviewed the Cultural Arts Center Rules and Guidelines for Building Use and agree to abide by the policies. I accept responsibility for any damage that occurs to the facility as a result of this event.

I understand that completing this application does not guarantee that the facility I have requested will be available.

Signature

Date

For CULTURAL ARTS CENTER Use Only

Date Application received _____

Staff Member signature _____

Confirmed and scheduled by _____

Confirmation Sent (date) _____

Fees: Rental Fee _____

 Security Deposit _____

 Supervisor fee if applicable \$ _____

Total Received: \$ _____ Check No. & Date _____

Special Notes _____

Security deposit returned _____ Date _____

Comments: _____

Signature _____ Date _____