



SYMPHONY HALL
SPRINGFIELD

Springfield Symphony Hall

34 Court Street | Springfield MA 01103 | Phone: 413.787.6634

Theater Rental Questionnaire

Today's Date: _____

Contact Name: _____ Name of Person on Contract _____

Organizations Name: _____ Legal Name of Org: _____

Applicant is: Individual Corporation Commercial Promoter 501 c3 (Non profit) Local Arts

Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____

Event Details: Theater (Seat 2600) _____ Mahogany Room: _____

Date of Event: _____

Type of Event: _____ Name of Event: _____

Artist or Organization Website: _____

Total Number of Performers: _____

Short Description of Performance: _____

Event Start Time: _____ Run Time: _____ Intermission: Yes or No Length: _____

Load In Time: _____ Sound Check/Rehearsal: _____ Load Out Time: _____

Anticipated Attendance (#): _____ Ticketed Event: Yes ___ No ___ Free ___ or Admission Fee ___

Estimated Ticket Price(s) & Scaling: _____
(please attached any supportive documents you have)

Anticipated On-Sale Date: _____

Technical Requests/Info:

Do you have a TECHNICAL RIDER for your event? No Yes (Please attach)

Do you have a Stage Manager/Production Contact? No Yes

Name: _____ Contact Info: _____

<u>STAGE:</u>	NO	YES	<u>STAGE NOTES</u>
Podium	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tables (side stage or on)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Music Stands	<input type="checkbox"/>	<input type="checkbox"/>	_____
Piano	<input type="checkbox"/>	<input type="checkbox"/>	_____
Piano Tuning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marley Dance Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____
Risers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flags (hung or standing)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Banner Display	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>SOUND:</u>	NO	YES	<u>SOUND NOTES</u>
Handheld	<input type="checkbox"/>	<input type="checkbox"/>	_____
Microphones Wireless	<input type="checkbox"/>	<input type="checkbox"/>	_____
Microphones CD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Player	<input type="checkbox"/>	<input type="checkbox"/>	_____
IPAD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Digital/download			_____
Computer			_____

<u>LIGHTING:</u>	NO	YES	<u>LIGHTING NOTES</u>
Follow Spot	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>A/V:</u>	NO	YES	<u>A/V NOTES</u>
Projection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Screen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Videotaping/Media	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>MISCELLANEOUS:</u>	NO	YES	<u>MISC. NOTES</u>
Dressing Rooms	<input type="checkbox"/>	<input type="checkbox"/>	_____
Backstage Food Service	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Production Notes:

Additional Activities:

No Yes

Details (Location, Times, Created by, etc.)

Merchandising/Souvenir Sales

Will you sell or do we need to provide a seller?

Program Distribution

Will you have any staffers to be inserted in the program?

Registration or Media Tables

Poster/Banner Display (Lobby)

Pre or Post Reception Activity

Comments/Additional Information

References from other Performance Venues: (required)

Venue: _____ Contact: _____ Email: _____ Phone: _____

Venue: _____ Contact: _____ Email: _____ Phone: _____

Submission of this application does not grant or imply an agreement with Symphony Hall. Only when a License Agreement has been fully executed is an agreement in place. Applicant acknowledges that application will be reviewed, and that additional information, documentation or references may be requested. When and if this application is approved Symphony Hall will hold date(s) approved up to (14) fourteen days, at which time if applicant has not confirmed the dates, the dates may automatically be released. If another party should inquire about dates before applicant has a signed contract, applicant shall have (48) forty- eight hours from such notification by Symphony Hall to confirm and enter into a contract.

Signature: _____ Date: _____

Please send completed forms to Amanda Spear-Purchase – Symphonyhallinfo@gmail.com

Symphony Hall Use Only:

Date Received: _____ Approved and Holding Dates: _____ Not Approved: _____