

Arthur Zankel Music Center Rental Request Form

Organization (Presenter) Name: _____

- For Profit
- Non Profit *please supply certificate*
- Federal Identification Number _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name _____ Title: _____

Phone #: _____ E-mail address: _____

Name and title of person signing contract (if different) _____

List any Skidmore College Department, faculty member, or students associated with your event: _____

Event Information

Event Name: _____

Date(s) Requested: _____

Event Start Time: _____ End Time: _____

Brief Description of Event: _____

Estimated Attendance: _____

Will you be using the Zankel Ticketing System or your own: _____

Estimated Ticket Price: _____

Which space(s) are you interested in reserving? (Check all that apply):

- | | |
|--|--|
| <input type="radio"/> Beckerman | <input type="radio"/> Thomas Amphitheater |
| <input type="radio"/> Helen Filene Ladd Concert Hall | <input type="radio"/> Zankel Conference Room |
| <input type="radio"/> ELM- Room 117 | <input type="radio"/> Zankel Green Room |
| <input type="radio"/> Lobby | |

If you require practice room(s) for your event, how many: _____

What type of event are you planning?

- | | |
|---|---------------------------------|
| <input type="radio"/> Concert | <input type="radio"/> Reception |
| <input type="radio"/> Class | <input type="radio"/> Other |
| <input type="radio"/> Lecture/ Guest Speaker | |
| <input type="radio"/> Performance (non-musical) | |
| <input type="radio"/> Rehearsal | |

If you chose "other", please describe your event above in detail.

Please describe any special setup or arrangements you may need: i.e. chairs, music stands, tables, AV needs, etc. _____

Venue References

Name of Venue: _____

Date of Last Performance: _____

Contact Person: _____

Phone or email: _____

Name of Venue: _____

Date of Last Performance: _____

Contact Person: _____

Phone or email: _____

Schedule

Load-In Time: _____

Technical and Artistic rehearsal Time: _____

Performance Time: _____

Load-Out Time: _____

Please attach any additional information pertinent to your event, including audio or video recordings, photographs, reviews, etc.

It is hereby agreed to by the person/organization (Presenter) requesting the use of the Arthur Zankel Music Center that no information or publicity of any nature relating to the proposed event may be announced or released in any manner until a standard license agreement is executed by Arthur Zankel Music Center at Skidmore College and the Presenter and the required deposit has been paid. A Certificate of Liability Insurance will be required for any License Agreement at Skidmore College.

Furthermore, the Presenter hereby represents that a full, accurate, and complete disclosure of all information has been made and that the above statements and information are true and accurate.

Prepared and agreed by:

Signature: _____

Name and Title: _____

Date: _____

Please return this request and all supporting materials to:
Shelley Curran, Concerts and Events Manager,
Skidmore College, 815 N. Broadway, Saratoga Springs NY 12866.
Email: mcurran@skidmore.edu (518) 580-8381 office (518) 580-5340 fax

Submittal of this request form is not a guarantee that you have been confirmed for your event.