

# Fee Waiver Request for SecondStage Mountain View Center for the Performing Arts

**Instructions:**

- 1) Please review the Fee Waiver Guidelines included below for eligibility information and requirements
- 2) Complete/submit this request for a facilities fee waiver after receipt of the estimate for your event from the MVCPA Booking office
- 3) Email the completed softcopy of this form to: [jenn@mvcpa.com](mailto:jenn@mvcpa.com)
- 4) A response to this request will be provided within 10 business days

## Applicant and Event Information

**Organization:** \_\_\_\_\_

Contact Person Name/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

Secondary Contact Person Name/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Event Name:** \_\_\_\_\_ **Date(s) of Event:** \_\_\_\_\_

Brief Description: (talent, programming, target audience, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this event benefit the community? \_\_\_\_\_

\_\_\_\_\_

Ticketing plans:  Fee – please state planned ticket price: \$ \_\_\_\_  Free to Public  Ask for donations

Other sources of funds (such as Grants, corporate contributions): \_\_\_\_\_

\_\_\_\_\_

Why do you need a fee waiver (please attach summary of your organization's financial situation)? \_\_\_\_\_

\_\_\_\_\_

**For Official Use Only:**

**Date Form Received:** \_\_\_\_\_

Center staff comments: \_\_\_\_\_

PAC comments: \_\_\_\_\_

**Approved: Yes / No** **Date:** \_\_\_\_\_ **Conditions (if any):** \_\_\_\_\_

\_\_\_\_\_