MOUNTAIN VIEW CENTER FOR THE PERFORMING ARTS

REQUEST FOR BOOKING

Primary booking deadline: 1/3/14
For dates between 10/1/14 to 9/30/15
Secondary Booking: any requests received after primary deadline for 14/15 season. See Booking Guidelines for details

Does Licensee have 501©(3) from IRS? ☐ Yes ☐ No (If yes, submit current address copy with this request.)

Licensee:_____ Primary Contact/Title:_____
(Organization responsible for the contract, as noted on 501©(3), if applicable)

Address:_____ City:_____ Zip:_____

Day Phone:_____ Mobile Phone:_____ Fax:_____

E-mail:_____ Web URL _____

Title of Show You Are Proposing:_____ Number of Performers: _____

Brief Description of Booking:_____

Please provide as many date options as possible.

First Preference: List all related dates:

Technical/Rehearsal Date(s) Estimated in/out times

_____ _____

Performance Date(s) Curtain time(s) each perf.

_____ _____

_____ _____

Second Preference: List all related dates:

Technical/Rehearsal Date(s) Estimated in/out times

_____ _____

Performance Date(s) Curtain time(s) each perf.

_____ _____

_____ _____

Third Preference: List all related dates:

Technical/Rehearsal Date(s) Estimated in/out times

_____ _____

Performance Date(s) Curtain time(s) each perf.

_____ _____

_____ _____

Example:

Technical/Rehearsal Date(s) Estimated in/out times

___10/2 - 5/14_____ ____10am-12midnight____

Performance Date(s) Curtain time(s) each perf.

___10/6 & 7/14_____ _____8pm/8pm_____

___10/8/14_____ _____2pm & 7 pm_____

Select the space you are requesting:

Will tickets be sold? ☐ Yes ☐ No

Estimated ticket price? _____

Public or private performances? ☐ Public ☐ Private

Publicizing your arrangement? ☐ Yes ☐ No

Pre- or post-performance activities or receptions planned?
☐ Yes ☐ No
(If yes please fill-out a Reception Booking Request form)

Lighting needs:

Sound needs:

Someone speaking? ☐ Yes ☐ No

Prerecorded sound? ☐ Yes ☐ No

Live music reinforcement? ☐ Yes ☐ No

Will there be a set on stage? ☐ Yes ☐ No

Will you need the main curtain? ☐ Yes ☐ No

Will you need a piano? ☐ Yes ☐ No

IF YES: ☐ Grand ☐ Upright

Center may book over any dark days within multiple-day runs.
Contact Center Booking Coordinator, 650-903-6556 for availability. Center fax: 650-962-9900

For office use only:
Arrangement type: ☐ Performing Arts ☐ Non-performing Arts Door code:_____ Date Booked:_____