

## Florida Memorial University Lou Rawls Center for the Performing Arts Event Inquiry Request



## (THIS IS NOT A BINDING AGREEMENT/OR A CONTRACT FOR SERVICES)

<u>Instructions:</u> Please complete and submit the following details for request/inquires to utilize the Lou Rawls Center for the Performing Arts (LRCPA).

Organization/Company:	-			Date making the R	equest:	
Event Title  Event Contact(s):				Event Date(s):  Rehearsal Date(s):		
Phone:			Rehearsal End:			
Email:		Other:		Contact info. for	tickets:	
Organization Type:	Arts Org.:	Non-Profit:	For Profit:	Organizatio	on Age:	
Type of Event:	Concert:	Dance	Film	Play	Other:	
Venue Requesting:	Main Stage:			Breezeway:	Other:	
Pre-show access:	# of Hours:	Start Time:	End Time:	How long is intermission	n?	
Do you have:	A stage plot			Other		
Do you have:	Powerpoint	Video	Other			
Do you have:	Stage Manager	DJ	Any guest performers	How	many?	
Will there be:	Photographer	Videographer	Total number of performers/participants:			
IN THE BOX BELOW ( stage set up, etc	GIVE A DETAILED DES	CRIPTION OF THE EV	'ENT'S TECHNICAL NEEI	OS. This includes lighting	needs, sound needs, mu	lti-media needs
Type of Admission:	Invitation only:	Paid:	F	ree: Ti	cketed:	
Ticketing Information:	Open to public:	E-tickets:	Ticket pri	ces: To		
Type of Seating:	Reserved:	Open:	By Sea	t #: Audien	ce size:	
Lobby Requirements:	Box Office:	Tables:	Cha	irs:	Other:	
event that Applicant wish undersigned has authorit	es to pursue. Information y to execute contractual a	provided herein is not bi	Rawls Center for the perform inding on the Center and import or ganization.	0 00	onship. Applicant certific	* *
Person submitting this form:				Date:		

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