

RENTAL EVENT QUESTIONNAIRE

This application is intended to provide initial information of the needs of potential Renters of the Wallis Annenberg Center for the Performing Arts facilities. This application must be submitted for your rental to be considered. A final commitment to use The Wallis facilities is not made until a Rental Agreement has been issued by The Wallis, signed by the Renter and returned with the Event Deposit as specified in the Rental Agreement.

equested Venue Goldsmith Theater (500)		☐ Outdoor Promenade Terrace (925; 500 seated)				
Facility:	□Goldsmit	h Lobby (330)	☐ Lovelace Studio Th	neater (150)	☐ Grand Hall (350; 150 seated)	
	□3 Individu	ual Classrooms (25)	☐ Founders Room (75; 30 meeting)	□Sculpture Garden (170)	
	□Postmast	er's Office (10)	☐ Education Courtya	ard (110; 40 seate	ed)	
	Today's Date:					
Organization:						
Address:			Phone: _			
			Fax:			
Web Site:			Email:			
	Non-Pro	ofit Private/F	Profit Municip	ality \square		
Primary Contacts F	or Organiz	ation and Event:				
Name:			Event Planner:			
Position:			Company:			
Phone #1: _			Phone #1:			
Cell Phone:			Cell Phone:			
E-mail:			E-mail:			
Fax:			Fax:			
				Mon □ Tue [□ Wed □	
Event Date(s) And Times Requested:				Thu 🗆 Fri 🗆 🤉	Sat □ Sun □	
Name of Event:						
Expected Number	of Attende	es:	<u> </u>			
Type of Event (Cho	ose one):	☐ Theater	☐ Dance	☐ Music / O	rchestra / Concert	
		☐ Public Speaker	☐ Private Party	☐Film/Phot	o Shoot	
		☐ Screening	□Other			

_	e a detailed description on clude any marketing and		ing, including whether it is invite-	only or if tickets will
Access Tir	me (Please be as specific a	s possible, including all p	reparations, event, and removal t	ime that you need.)
SE	T UP / LOAD-IN / LOAD-C	OUT TIMES: Arrival Time:	: Departure Time	·
TE	CH / REHEARSAL TIMES:	Arrival Time:	Departure Time:	
EV	'ENT TIMES:	Arrival Time:	Departure Time:	
Ple	ease give a detailed timel	ine for the <u>EVENT</u> (timel	ine is required before rental costs	can be quoted):
 Additiona	al Facilities, Catering, Vale	et, or Services: Please de	scribe any additional facilities, cat	ering, valet, or
other serv	vices that your event will r	equire.		
Specific To	echnical Needs: Please d	escribe any specific techr	nical needs that your event will red	quire.

-	ired staff will you provide and/or request for your	event (including volunteers and
technical staff)? Please be spe	ecific.	
Previous Venue Rentals		
Please provide us with inform	nation about two of your past venue rentals:	
Venue Name:		
	Space Rented:	
Venue Name:		
	Space Rented:	

Submit to: Rentals@thewallis.org **-OR-** Fax 310.557.9827