

# Arthur Zankel Music Center

## Rental Request Form

Organization (Presenter) Name: \_\_\_\_\_  
\_\_\_\_ For Profit \_\_\_\_ Non-Profit *please supply certificate* Federal Id # \_\_\_\_\_  
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 (Tix) 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"/> Zankel Conference Room |
| <input type="radio"/> Helen Filene Ladd Concert Hall | <input type="radio"/> Zankel Green Room      |
| <input type="radio"/> ELM- Room 117                  |  |

What type of event are you planning?

- ☐ Concert
- ☐ Lecture/ Guest Speaker
- ☐ Performance (non-musical)
- ☐ Rehearsal
- ☐ Reception
- ☐ Other

*If Other - please describe:*

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

\_\_\_\_\_

#### Venue Reference

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:

Teresa Rockwell, Event & Marketing Manager, Zankel Music Center

Skidmore College, 815 N. Broadway, Saratoga Springs NY 12866.

Email: [trockwell@skidmore.edu](mailto:trockwell@skidmore.edu) (518) 580-5307 office

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

**SKIDMORE COLLEGE 815 NORTH BROADWAY SARATOGA SPRINGS NY 12866**