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 (Vendini) or your own: ____________
Estimated Ticket Price: ________________

Which space(s) are you interested in reserving? (Check all that apply):
  o Beckerman
  o Helen Filene Ladd Concert Hall
  o ELM-Room 117
  o Zankel Conference Room
  o Zankel Green Room

What type of event are you planning?
  o Concert
  o Lecture/Guest Speaker
  o Performance (non-musical)
  o Rehearsal
  o Reception
  o Other

If Other - please describe: _____________________________________________

SKIDMORE COLLEGE 815 NORTH BROADWAY SARATOGA SPRINGS NY 12866
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:
Shelley Joyce, Managing Director, Zankel Music Center
Skidmore College, 815 N. Broadway, Saratoga Springs NY 12866.
Email: mjoyce@skidmore.edu (518) 580-8381 office

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

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