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 (Purplepass) 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:

_____

_____

_____

_____

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 (518) 580-5307 office

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