



# Central Visual and Performing Arts

## High School

3125 South Kingshighway Blvd. St. Louis, MO 63139

### Main Stage Theatre Rental Form

#### GENERAL INFORMATION

Organization Name: \_\_\_\_\_ Non-Profit? Yes No

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Proposed Use of Facility (Please Describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### SCHEDULING

DATE(S) OF PERFORMANCES: \_\_\_\_\_

Scheduling tips: Please remember when scheduling your event, to allow enough time for your props, sets, and technical needs. For all changes in the schedule, please notify Martin Moran, Theatre Manager, as soon as possible so the proper staffing schedule changes can be made.

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Anticipated Audience: \_\_\_\_\_

Starting time of Event: \_\_\_\_\_ Approximate Length of Performance: \_\_\_\_\_

Intermission Yes No Approximate Length of Intermission: \_\_\_\_\_

Concessions Yes No Items to be sold: \_\_\_\_\_

**ABSOLUTELY NO FOOD OR DRINK ALLOWED IN THE THEATRE**

**Additional cleaning charges may be incurred**

## TECHNICAL INFORMATION

Briefly describe your lighting requirement: \_\_\_\_\_

Will a set be used? Yes No

If yes, briefly describe or attach a ground plan: \_\_\_\_\_

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Please check applicable items:

Microphones needed: \_\_\_\_\_ How many: \_\_\_\_\_

Tables: \_\_\_\_\_ How many: \_\_\_\_\_

Chairs: \_\_\_\_\_ How many: \_\_\_\_\_

Music Stands: \_\_\_\_\_ How many: \_\_\_\_\_

Platforms: \_\_\_\_\_ How many: \_\_\_\_\_

Listen Assist: \_\_\_\_\_

Drum Shield: \_\_\_\_\_

Marley Dance Floor: \_\_\_\_\_

Podium: \_\_\_\_\_

Follow Spots: \_\_\_\_\_

Baby Grand Piano: \_\_\_\_\_

Projector: \_\_\_\_\_

Cafeteria: \_\_\_\_\_

Classroom: \_\_\_\_\_ How many: \_\_\_\_\_

Additional Staff: \_\_\_\_\_ How many: \_\_\_\_\_

**VIDEO / PHOTOGRAPHER**

Will a photographer or videographer be photographing or recording your event? Yes No

**Signatures**

Theatre Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Renter: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Number of Technicians needed: \_\_\_\_\_

Number of Custodians needed: \_\_\_\_\_

Number of Security needed: \_\_\_\_\_

Security Deposit Received: \_\_\_\_\_ Date: \_\_\_\_\_

Rental Contract Issued: \_\_\_\_\_ Rental Fee: \_\_\_\_\_