

The Art Place - Mt. View

Black Box Theatre Request

Please provide as much information as possible regarding your request for a faster response. Submitting a request does NOT guarantee your requested dates will be available or that it will be approved. Once a request is submitted to The Art Place Coordinator, it will be reviewed in the order it is received. You will receive an email to notify you on the status of your request. Please note, all rentals must be arts related. Please email this form to meryl.manfre@cobbcounty.org.

Main Contact Name: _____ **Organization:** _____

Phone: _____ **Email:** _____

Address: _____
Street City, State Zip County

Type of Performance/Recital: _____

Requested Performance/Recital Dates & Times: _____
1st Choice 2nd Choice
3rd Choice 4th Choice

Requested Rehearsal Dates: _____
1st Choice 2nd Choice 3rd Choice

Number of Performers: _____ **Anticipated Number in Attendance:** _____

Selling Tickets (yes or no): _____ **Have you reviewed our Theatre Guidelines and Fees? (yes or no):** _____

Additional Information: _____

OFFICE USE ONLY

Submitted by: _____ **Date:** _____

Request Approved or Denied: _____

Date Received by Coordinator: _____

Contacted: _____

Dates Available: _____

Contract Emailed: _____

In Book: _____

Payment Due: _____