

## **WILLIAMSBURG LIBRARY THEATRE APPLICATION**

**(515 SCOTLAND STREET, WILLIAMSBURG)**

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact for this event: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Application: \_\_\_/\_\_\_/\_\_\_\_ Are you: \_\_\_ STANDARD? or \_\_\_NON-PROFIT?

Phone number to make reservations? \_\_\_\_\_

Name of this event: \_\_\_\_\_

Date(s) requested: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ (This is the earliest you can get into the space)

Start Time: \_\_\_\_\_

Departure Time: \_\_\_\_\_

### **Theatre Rates:**

\_\_\_ Admission (applies if you are charging a fee to attend your event; not a donation)

\_\_\_ Stage (applies if you are using the full auditorium and stage for your event)

\_\_\_ Auditorium (applies if you are only using the auditorium without the stage area)

### **Additional spaces at the Williamsburg Library if needed:**

\_\_\_ Gallery – Standing room for 60

\_\_\_ Patricia Schell Memorial Meeting Room – Seats 42 w/chairs only; 25 w/tables and chairs

\_\_\_ Room B – Seats 24 w/chairs only; 18 w/tables and chairs

\_\_\_ Room C – Seats 15 w/chairs only; 12 w/tables and chairs

**Equipment Needs:**

(a flat per hour A/V charge covers all except the piano)

LCD Projector     Laptop     DVD/Blu-ray     Stage Lights     Podium

Microphones:     Lavalier     Wireless Handheld     Instrument Mic     Vocal Mic

**How long will you use the theatrical equipment?** \_\_\_\_\_

Piano     Tuning

**Payment:**

25% of the total is required within 10 days of application; balance no later than seven days before use

**Cancellation:**

No later than seven days before use

**\*\*\*APPLICATIONS WILL AUTOMATICALLY CANCEL AFTER  
10 DAYS IF DEPOSIT IS NOT RECEIVED\*\*\***

I have read and received a copy of the meeting room guidelines, and I accept responsibility as outlined.

The library may give out the contact name and telephone number to anyone inquiring about this program.

I/We will hold the Williamsburg Regional Library harmless for any damages to property and person while our group or organization uses the facilities.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Check if you would like an e-mailed copy of your completed reservation