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

--APPLICATION CONTINUES ON OTHER SIDE--
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