

## **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 with projection screen)

\_\_\_ 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; 20 w/tables and chairs

\_\_\_ Room B – Seats 20 w/chairs only; 16 w/tables and chairs

\_\_\_ Room C – Seats 15 w/chairs only; 10 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