

Livermore Shakespeare Festival
P.O. Box 2616
Livermore, CA 94551
(925) 443-2273

Date of Request

REQUESTER INFORMATION

ORGANIZATION NAME:

REQUESTER NAME:

REQUESTER EMAIL:

CELL:

BILLING/MAILING ADDRESS:

EVENT REQUEST

TITLE OF EVENT:

DAY OF EVENT CONTACT:

CONTACT EMAIL:

CELL:

DETAILED DESCRIPTION OF EVENT:

DATE	START TIME	END TIME	PREP/CLEAN UP	TOTAL DURATION

EVENT DETAILS

NUMBER OF ATTENDEES: _____

Types of People at Event (Please check all that apply):

Leaders/Instructors

Performers/Participants

Audience/Spectators

Other: _____

REGISTRATION FEE: \$ _____

ADMISSION FEE: \$ _____

TYPE OF EVENT:

PUBLIC

PRIVATE

LAYOUT DIAGRAM ATTACHED? _____

YES

NO

FACILITIES/EQUIPMENT REQUEST

ROOM(S) REQUESTED: _____

EQUIPMENT (Please include number)

Chairs

Music Stands

Tables

Other: _____

Please note: **Absolutely no adhesives of any type** (Including tape of any kind) may be used on the floors, walls, or windows. Use of adhesives or tape will result in damage and the requester will be billed for the repairs. Any device capable of producing an open flame or combustible materials are prohibited.

I certify that the information above is accurate and correct. I have read the rules and regulations pertaining to the use of facilities and will (1) be responsible for all injuries caused by such use, (2) adhere to the rental hours agreed to through the signed contract and (3) reimburse Livermore Shakespeare Festival/Shakespeare's Associates (LSF/SA) for loss or damage to Livermore Shakespeare Festival/Shakespeare's Associates equipment/property caused by such use. In consideration of participation as specified at the location requested, for the date(s) and time(s) requested, I do hereby release and hold harmless LSF/SA from any and all liability or claims for damage or injury to person or property of the undersigned due to permittee's use of said facility, by reason of any act or omission by LSF/SA or any of its officers, agents or employees or the condition of its property.

Print Name of Responsible Person (Permittee)

Organization/Title

Signature of Responsible Person (Permittee)

Date Signed

Livermore Shakespeare Festival USE ONLY

Date Approved

LSF Representative Signature

Date Submitted:
Payment Method:
Payment Total:
Deposit:
Deposit Returned:
Date & # Keys Given:
Date & # Keys Returned: