



GERALD W. LYNCH THEATER RENTAL APPLICATION

CONTACT INFORMATION

Organization: _____

Organization Representative(s): _____

Mailing Address: _____

Telephone: _____

Email Address: _____

EVENT SCHEDULING

Title of Performance/Event: _____

Brief description of Performance/Event:

Performance/Event Dates(s): _____

Check-in/Registration start time: _____

Performance/Event Start Time: _____

Performance/Event End Time: _____

Other time needed for setup or rehearsal:

Anticipated Number of Attendees: _____

Reception (Day, Time, Location and # of people): _____

Are you filming this event for archival or broadcast purposes? _____

Are tickets being sold? What are the ticket prices? (Please note all seats must be assigned, unless otherwise agreed to in writing by the General Manager. GWLT does not provide box office services.): _____

AUDIO-VISUAL AND TECHNICAL SUPPORT

Number of microphones? _____

Number of Chairs? _____

Please check if the following items are needed:

Lectern

Video or Powerpoint

Piano

Dressing Rooms

Please list any specific technical needs:

Please send an image and text regarding your event, so that your event can be posted on our website.

Please attach a current schedule, contact sheet and run of show or agenda when returning this form.

Return this form to Joshua Redfearn at jredfearn@jjay.cuny.edu.