



GERALD W. LYNCH THEATER RENTAL APPLICATION

CONTACT INFORMATION

Organization: _____

Organization Representative(s): _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Website: _____

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): _____

Will you film this event for archival or broadcast purposes? _____

Will tickets be 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.):

(continues on page 2...)

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

Return this form to Chil Kong at ckong@jjay.cuny.edu.