

Lakeville Area Arts Center - Facility Request

Name of Applicant: _____ Phone Number: _____

Name of Organization: _____ Email Address: _____

Address: _____

Show/Event Title: _____ Ticket Prices (if Sold by LAAC): _____

Date/Year	Purpose (Rehearsal, Tech, Show, etc)	Room(s) (Art, Theater, Lobby, Kitchen)	Arrival Time	Show Time	Approx. End Time	LAAC Tech Need? Arrival Time?

Audio/Lighting/Technical Requests:

Room Set-Up (Tables, Chairs, Etc):

Theater Seating: Cabaret Theater **Stage Extension:** None 4Ft 8Ft Other _____

Special Requests:

Box Office Required: Yes No

Concession Sales Requested: Yes No

Bar Service Requested: Yes Dates: _____ Start Time: _____ End Time: _____ No