



EVENT INFORMATION FORM

Please fill out each section accordingly. The events office will not accept forms that are not complete.

If you have any questions please contact:

George Cabrera at (305) 608-5279 or roxytheatregroup@gmail.com

CONTACT INFORMATION

Organization: _____

Commercial / For-Profit

Non-Profit

Contact Name: _____

Address: _____

Phone (office): _____ Phone (mobile): _____

Email: _____

EVENT INFORMATION

Event Name: _____

TYPE OF EVENT:

Theatre (Non-Musical)

Theatre (Musical)

Concert

Dance

Music

Film

Meeting/Conference

Graduation

Exhibit

Other: _____

RENTAL SPACE:

Black Box Theatre

Lobby/Gallery

Entire Space

Other: _____

DATE INFORMATION

Load In: _____ N/A

Rehearsal: _____ N/A

Event/Performances: _____

Load Out: _____ N/A

Approximate Length
of Event (hrs): _____

Intermission: Yes

No

Event Start Time: _____

Event End Time: _____

TICKET INFORMATION

- Sold to Public
- Free to Public
- Sold by Invitation Only
- Private/Invitation Only

LIGHTING INFORMATION

- I do not need any lighting
- I will use WCAC standard lighting
- I will be using additional lighting equipment

SOUND INFORMATION

Will you need any audio playback? (Music/Announcements)

- I do not need any sound
- I will use WCAC standard sound amps
- I will be using additional sound equipment

Will you need any microphones?

- I do not need any microphones
- I will need _____ wireless handheld microphones
- I will need _____ wireless headset microphones
- I will bring my own microphones

Will there be live music?

- Yes
- No

If Yes, please list the instruments: _____

ADDITIONAL INFO

Please attach the following:

- A description of your event
- Tax Exempt Status (if applicable)