



**THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS
THEATER REQUEST APPLICATION**

THEATER REQUESTED: _____

DATE(S) REQUESTED: _____

ALTERNATE DATE(S): _____

CONTACT INFORMATION

NAME OF PRESENTER: _____

CONTACT PERSON: _____

ADDRESS OF PRESENTER: _____

TELEPHONE: _____

FAX: _____

E-MAIL: _____

Name and Title of Person
Signing Contract (if different): _____

Telephone: _____

Fax: _____

E-mail: _____

Presenter is a/an: Non-Profit Organization (please include copy of status letter from the federal government) Corporation (Commercial Entity)
 Individual Other (please describe with attached documentation)

Federal Identification Number: _____

State in which Corporation is Incorporated: _____

Name of President: _____

Financial Officer: _____

Social Security Number (for individuals): _____

VENUE REFERENCES (must include at least two; may include more on separate pages)

Name of Venue: _____

Date of Last Performance: _____

Contact Person: _____

Telephone/E-mail: _____

VENUE REFERENCES (continued)

Name of Venue: _____
Date of Last Performance: _____
Contact Person: _____
Telephone/E-mail: _____

BANKING INFORMATION

Name of Presenter's current banking institution: _____
Address: _____
Telephone: _____
Fax: _____
Name and Title of Bank Official as Reference: _____

INSURANCE INFORMATION

Each Presenter is required to fully insure itself, its officers, directors, employees, agents, and presentations, at its own expense, for Worker's Compensation and Employer's Liability (including disability benefits), Comprehensive General Liability (personal injury, including bodily injury, \$1,000,000 per occurrence; and property damage, \$100,000 per occurrence), Theft and Fire Insurance (with the applicable standard extended coverage clause) for all properties brought into or used in the Kennedy Center building, including without implied limitation the property of third persons under the control of the Kennedy Center or the Presenter. In lieu of the obligation to provide Comprehensive General Liability coverage, Presenter may purchase Kennedy Center's User's Liability coverage for a fee.

Presenter has insurance Yes No

Name of Insurance Firm: _____
Address: _____
Telephone: _____
Fax: _____
Contact Person: _____
General Liability Policy Number: _____
Policy Effective Date: _____
Policy Expiration Date: _____
Workman's Compensation and Employer's Liability Policy Number: _____
Policy Effective Date: _____
Policy Expiration Date: _____

PROGRAM INFORMATION

Please include program information in detail (i.e., conductor, artist(s), repertoire/works etc.) including individual running times and instrumentation (if appropriate) for each work. Use additional pages if necessary.

Approximate Length of Program including Intermissions

First Half: _____ Intermission: _____ Second Half: _____

EQUIPMENT/INSTRUMENTS TO BE LOADED-IN

KEYBOARD NEEDS

Piano Harpsichord Organ

Desired selection times: _____ Desired tuning schedule: _____

SOUND EQUIPMENT NEEDS

LIGHTING NEEDS

Standard concert white lighting Theatrical lighting

OTHER TECHNICAL REQUIREMENTS

ACCESSIBILITY REQUIREMENTS

This event will be (please check all that apply):

Sign Language Interpreted Audio Described Captioned

RECORDINGS

Please check all that apply

Please indicate the purpose of recordings

Audio

Video

Archival

Broadcast

REHEARSAL ROOM REQUESTS (subject to availability and fees)

Date and time needed

For what purpose and how many participants

SCHEDULE

Load-in time: _____

Technical and artistic rehearsal time: _____

Performance time: _____

Load-out time: _____

TICKETS

This event will be

For Public Sale

By Invitation Only

Free (tickets required)

Other (please explain in attached documentation)

Please attach any additional information pertinent to your presentation, including audio or video recordings, photographs, reviews, etc.

It is hereby agreed to by the person/organization (Presenter) requesting the use of a theater that no information or publicity of any nature relating to the proposed event may be announced or released in any manner until the standard license agreement is executed by the Kennedy Center and the Presenter and the required deposit has been paid.

Furthermore, the Presenter hereby represents that a full, accurate, and complete disclosure of all information has been made and that the above statements and information are true and accurate.

PREPARED AND AGREED TO BY:

Name and Title: _____

Date: _____

Please return this request and all supporting materials to:

Bridget Siedlecki, Booking Manager
The John F. Kennedy Center for the Performing Arts
PO Box 101510
Arlington, VA 22210
202/416-8032 (tel)
202/416-8421 (fax)
bfsiedlecki@kennedy-center.org