

Please print out, fully complete, and fax to the Manship Theatre at
225-344-0234



Completed by: _____ Date Completed: _____

Contact Information

Organization:

Contact Person:

Mailing/Billing Address:

Phone: _____ Fax: _____

Cell/Beeper:

Email: _____

Application (Check One): ___ Corporation ___ Partnership ___ Individual
___ Not-for-profit Organization (501 (c) 3 documentation required)

Event Information

Date/Time Request:

Space(s) Requested:

- Main Stage
- Black Box Studio
- Workshop/Rehearsal Room
- Jones Walker Foyer
- Brunner Gallery
- Manship Conference Room
- Check if your group is interested in group-rate LSU Museum of Art Tickets
- Check if you would like a beverage service/catering quote
- Other: _____

Event Type:

- Conference Social Gathering Meeting
- Theatre Music Visual Arts
- Other: _____

Description of Event:

Will this event require a move in or move out day(s)?

What tech rehearsal day(s) are needed in the facility for the event?

What is the publicized name of the event?

Estimated Ticket Prices (If any): _____

Estimated # of Attendees: _____

NOTE: All Ticket Sales for events at The Manship MUST be sold through the Manship Ticket Office – there are no exceptions!

Program Start Time: _____ End Time: _____

Special Requirements:

- Audio/Visual Microphone(s) Reception/Registration
- Lighting Podium Technical Staff
- Catering Services Ticketing

What additional services do you anticipate may be needed in the production of the event?

Purpose

This is an application for rental/lease of any of The Douglas L. Manship Sr. Theatre, LLC facilities by potential users. The information included in this Application is essential for The Manship Theatre to construct a rental contract.

This document is an application and does not bind either party. The Manship Theatre and the applicant agree that no publicity about any proposed program will be made public until a formal contractual agreement has been executed by both parties. All publicity must be provided to Manship for approval before publication in accordance with the Rental Agreement.

Please include the following information when returning this application:

A fact sheet which includes a history of your group or organization, the names and locations of facilities in which you have promoted an event and a brief description of that event.

The Manship Theatre requires a 50% rental deposit and may require a damage deposit to provide against damage to building or contents of The Manship Theatre and/or to guarantee the payment of any unpaid bills. The applicant must furnish certificates of insurance as required by the Rental Agreement.

It is understood that this is an application only and is not a contractual agreement. Decisions regarding rentals are made solely by Manship Theatre Staff and/or Board of Directors. Manship reserves the right to deny requests at its discretion.

A Rental Agreement and Rental Quotation will be provided to potential lessee after the application has been approved and all technical event information has been forwarded to event personnel.

APPLICANT:

SIGNATURE:

DATE:

Do not fill out below-for Manship use only

Rental Information

Contact Person: _____ Contact Date (s): _____

Rental Quote:	<input type="checkbox"/> \$	Hours needed	<input type="checkbox"/> \$	
Special Requirements Quote:	<input type="checkbox"/> \$	Equipment Rental	<input type="checkbox"/> \$	Tech Staff
<input type="checkbox"/> \$ Ticketing Services	<input type="checkbox"/> \$	Administrative Staff	<input type="checkbox"/> \$	Wait Staff
<input type="checkbox"/> \$ Beverage Service	<input type="checkbox"/> \$	Break Food Service	<input type="checkbox"/> \$	Meals
<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$	_____	<input type="checkbox"/> \$	_____

Contract Request Date: _____ Contract Issue Date: _____

Contract Completion Date: _____ Deposit Receipt Date: _____

Deposit Amount: \$ _____ Notes: _____

Via: Check # _____

Credit Card #: _____ Type: A D MC V

Name on Account: _____ Exp. Date: _____