THE NOURSE THEATER

Rental Application

Please confirm date and venue availability before submitting.

Fax completed form to: 415-929-0119 or email to nourse@cityarts.net

GENERAL INFO Presenter / Organization Select One: Non Profit Commercial Name of Person Completing Application Tel Fax **Email** Mailing Address Website **EVENT INFO** Publicized Name of Event Event Date(s) Select One: Lecture **Amplified Concert** Orchestra Dance Graduation Film Screening Other: Please describe: # of Performers **|‱⋘⋘**©Eå₫i*™‱*₩₩₩₩₩₩₩₩₩₩₩₩ Do you plan to record the event? No YesA If yes, the purpose is commercial archival publicity Has this performance been presented before? Yes No If yes, where/when: Yes Have you presented other events? No If yes, where/when: AUDIENCE / TICKETING INFO Note: Use of City Box Office is required (by separate agreement). Type of Admission Reserved General Admission **Estimated Ticket Price** From \$ to \$ or check here if free event Audience will be comprised of: **Invited Guests** Conference Attendees General Public If the proposed event is a benefit, please state the name of the benefitting cause or organization

PROPOSED SCHEDULED USES

DATE			DATE		
Activities (check all that apply)			Activities (check all that apply)		
Tech	Rehearsal	Performance	Tech	Rehearsal	Performance
TIMES	START	END	TIMES	START	END
Access Starts			Access Starts		
Load In			Load In		
Rehearsal			Rehearsal		
Performance			Performance		
Intermission			Intermission		
Load Out			Load Out		
Access Ends			Access Ends		
	nandise to be so	MERCI	HANDISE Ind the price thereof, museive 10% of gross sale	ust be approved	in advance by
Do you plan to sell merchandise? Yes			No		
If yes, pleas	se indicate the ty	pe of merchandise and	d price:		
Item			Price	_	
			_	_	
			_	_	

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