



Event Request Form

Producing Organization Contact Info

Name of Group: _____

Address: _____

Primary Contact: _____

Phone: _____

Phone 2: _____

Fax: _____

Email: _____

Exemption Status: For Profit Not For Profit *

* US Government Tax Exempt Form Required

Event Details

Title / Description: _____

Dates Requested: _____

Event Times: _____

Access Hours: Date: _____ From: _____ AM / PM To: _____ AM / PM

Date: _____ From: _____ AM / PM To: _____ AM / PM

Venue Requested: Concert Hall Olmsted Theatre Dance Theatre

Black Box Recital Hall Multipurpose Rooms

Expected Attendance: _____

Reception: * PRE-EVENT POST EVENT

Seated Meal Passed Hors D'Oeuvres Cocktails Only

* Catering Contracted Via Adelphi University & Lackmann Culinary Services

Technical Requirements

Lighting Needs: _____

Audio / Video: _____

Stage Setup: _____

Crew Needs: _____

Recording: **Audio** **Video** **Archive Only**

Tickets / Box Office: _____

Please Forward Completed Form & Any Attachments To:

**Adelphi University Performing Arts Center
Milo Lanoue - PAC 229
1 South Avenue
Garden City, NY 11530**

**Phone: (516) 877-4175
Fax: (516) 877-4009**

Email: mlanoue@adelphi.edu