

**CULTURAL ARTS CENTER  
WHITEWATER ARTS ALLIANCE**

**EVENT PROPOSAL**

Date of event \_\_\_\_\_

Time Requested \_\_\_\_\_

Space Requested      Theatre area (South room)  
                                 Lobby area (Middle room)  
                                 Gallery area (North room)

Name of Person or Organization requesting space \_\_\_\_\_

Name of person completing application \_\_\_\_\_

Mailing address of organization or contact person \_\_\_\_\_

\_\_\_\_\_

Telephone of contact person \_\_\_\_\_

Email address \_\_\_\_\_

Please describe event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have reviewed the Cultural Arts Center Rules and Guidelines for Building Use and agree to abide by the policies. I accept responsibility for any damage that occurs to the facility as a result of this event.

I understand that completing this application does not guarantee that the facility I have requested will be available.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For CULTURAL ARTS CENTER Use Only

Date Application received \_\_\_\_\_

Staff Member signature \_\_\_\_\_

Confirmed and scheduled by \_\_\_\_\_

Confirmation Sent (date) \_\_\_\_\_

Fees:            Rental Fee \_\_\_\_\_

                    Security Deposit \_\_\_\_\_

                    Supervisor fee if applicable \$ \_\_\_\_\_

Total Received: \$ \_\_\_\_\_ Check No. & Date \_\_\_\_\_

Special Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Security deposit returned \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_