



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

THEATER REQUESTED: Choose a Theater.

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):

### FUNDRAISING

The raising of contributed funds on Kennedy Center property, for non-profit organizations other than the Kennedy Center, is prohibited, except in very limited circumstances and only with the prior approval of Kennedy Center management. Under no circumstances will fundraising for political campaigns or Political Action Committees be permitted.

Is this event intended to serve as a fundraiser for the presenter or another organization?

Yes

No

If yes, who is the beneficiary of the funds being raised (if different than presenter)?

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

Name of Venue:

Name of Venue:

Date of Last Performance:

Date of Last Performance:

Contact Person:

Contact Person:

Telephone/E-mail:

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

### 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(s) of recordings

Audio    Video    Photo

Archival    Broadcast (including internet)

Promotional (including internet)

**REHEARSAL ROOM REQUESTS (subject to availability and fees)**

<u>Date</u>	<u>Time needed</u>	<u>For what purpose</u>	<u>How many participants</u>
	Start: End:		
	Start: End:		
	Start: End:		

**SCHEDULE**

Load-in time:

Technical rehearsal time:

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:

Signature: \_\_\_\_\_

Name and Title:

Contact number (if not listed previously):

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](mailto:bfsiedlecki@kennedy-center.org)