

LEONARD DAVIS CENTER

FOR THE PERFORMING ARTS

Event Licensing Questionnaire

For an event to be considered for approval, please complete the application in its entirety. If additions, deletions, or changes become necessary, immediately contact the Leonard Davis Center for the Performing Arts at (212) 650-5362 or email at gshanck@ccny.cuny.edu.

ABOUT YOUR EVENT

Event Name: _____

Please briefly describe your event

Performance Date: _____ Performance Time: _____

Aaron Davis Hall ☐ Marian Anderson Theatre ☐ Theatre B

Presenter: _____

Presenter Contact : _____

Presenter Address: _____

Presenter Telephone: _____ Presenter Fax Number: _____

Presenter Email: _____

BOX OFFICE INFORMATION

1. Have you or your organization previously presented in Aaron Davis Hall?

☐ No ☐ Yes ☐ If so, when? _____

2. Check all that apply: ☐ Reserved Seating ☐ General Admissions ☐ Free Admissions

Ticket Price: Public \$_____ Student \$_____
 Seniors \$_____ Child \$_____
 Groups \$_____

3. Please indicate any discounts that will be offered along with codes, if applicable.

4. What discount tickets sales outlet(s) will you use? (i.e. TDF, Groupon, etc.)

5. Will all of the tickets be pulled for consignment (i.e. producer/ promoter sells only)?

☐ No

☐ Yes

6. If you choose to take all tickets on consignment, please provide a phone number for ticket inquiries: Telephone:_____

7. What will be the ticket text? _____

8. Requested date: _____

9. Provide a brief description of the event: _____

10. Approximate length of event: _____

FOOD SERVICE

1. Do you plan to have any on-site receptions in conjunction with your event?

☐ Yes

☐ No

2. If, so what time does it start and what time does it end?

Start Time:_____ End Time: _____

3. Catering for public Event (Reception):

☐ Yes

☐ No

☐ Vendor:_____

4. Catering for performer(s), etc.:

☐ Yes

☐ No

☐ Vendor: _____

HOUSE MANAGEMENT

1. Merchandise Sales: ☐ Yes ☐ No

Please Note: 20% commission is collected by Leonard Davis Center for the Performing Arts.

2. Late seating instruction _____

3. Intermission(s): ☐ Yes ☐ No 3. Length of intermission: _____min

5. Lobby Open: _____

6. House Open for Seating: _____

7. Show starts: _____ 7b. Show Ends? _____

8. Will there be a printed program to be distributed to all patrons?

☐ Yes ☐ No

9. How will programs be delivered? _____

10. Leonard Davis Center for the Performing Arts will provide standard security, custodial & front of house services. Do you have any special security needs or concerns regarding event?

TECHNICAL SERVICES

1. Please attach a separate list describing the flow of the day.

2. Please attach a copy of the artist rider, if available. A contract will not be released until proof of insurance has been presented.

3.	Event Date(s)	Start	End
Performance	_____	_____	_____
Rehearsal	_____	_____	_____
Set-up/Load-in	_____	_____	_____
Additional Rehearsal	_____	_____	_____
Load Out	_____	_____	_____

EQUIPMENT NEEDS

Microphones	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Quantity: _____
CD Player	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Details: _____
Audio Recording	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Video Recording	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
House Sound System	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Video Projector	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
General Lighting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Follow Spot	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Special Lighting*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	*Specs Needed Below
Other (Please Specify) _____					

Lectern	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Podium	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Music Stands	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Conductors Podium	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Chairs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tables (6')	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Choir Risers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Band Risers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Choir/ Orchestra Shell	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Piano	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

5. Are special effects, fire, firearms, pyrotechnics involved?

☐ Yes ☐ No

6. Will you require an orchestra pit for musicians?

☐ Yes

☐ No

7. Will you need stairs from the house (audience) up onto the stage?

☐ Yes

☐ No

8. Please describe your general stage set- up. For example, "There will be one set with some pieces that move on and off stage" or "set for 5 piece band with risers for the drum set,"etc.

9. Dressing rooms

☐ Yes

☐ No

How many performers? _____

10. Generally, what ages are the event participants/ performers (if minors)? _____

OTHER NEEDS

Please provide, in the space below any special requests or needs not previously addressed in this questionnaire.

Print Name

Date

Title

Organization

Signature