

Alleghany Highlands Center for the Performing Arts

At the Historic Masonic Theatre

Request for Use

Thank you for your interest in performing at the **Alleghany Highlands Center for the Performing Arts at the Historic Masonic Theatre**. Please complete the Artist Profile below and mail to P.O. Box 631 Clifton Forge, VA 24422 or bring to the Clifton Forge Town Managers Office. Include a photo of your group if available.

Date: _____

Name of Group or Organization _____

Mailing Address: _____

Primary Contact: _____

Title: _____ **E-mail address** _____

Day-Time Phone: _____ **After 6 P.M.** _____

Type of Performance – Underline all that apply

Play **Band** **Orchestra** **Choral** **Dance** **Storyteller** **Fund Raiser** **Other**

Brief Description of Performance/Activity

If you need more space, add additional pages as needed.

Number of Performers On Stage: _____ **Age Range:** _____

Costumes? Please describe: _____

Do you need to use sound equipment? Yes ___ No ___

Do you have a sound technician? If yes list the name and address. _____

Please indicate requested performance date(s): _____

Please indicate requested practice date(s): _____

Please circle all promotional materials that will be sent.

Video or DVD **CD or Audio Cassette** **Photos** **Press Clippings**

Website address? _____

Deposit **Check** _____ **Cash** _____ **Use/Rental Agreement Complete** **Yes** _____ **No** _____

Approved _____ **Date (s) Approved** _____

Clifton Forge Town Manager

Insurance Certificate **Yes** _____ **No** _____

Approved Co-sponsored _____ **Rental** _____

Date Approved _____

ATTENTION: NOT APPROVED until signed by Town Manager or designee.