

# Clifton Forge Armory

## Request for Use

Thank you for your interest in performing at the **Clifton Forge Armory**. 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: \_\_\_\_\_ 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.**