

Arthur Zankel Music Center
Rental Request Form

Organization (Presenter) Name: _____
____ For Profit ____ Non-Profit *please supply certificate* Federal Id # _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Title: _____
Phone #: _____ E-mail address: _____
Name and title of person signing contract (if different) _____

Please describe any special setup or arrangements you may need: i.e. chairs, music stands, tables, AV needs, etc. _____

Venue Reference

Name of Venue: _____
Date of Last Performance: _____
Contact Person: _____
Phone or email: _____

Schedule

Load-In Time: _____
Technical and Artistic rehearsal Time: _____
Performance Time: _____
Load-Out Time: _____

Please attach any additional information pertinent to your event, including audio or video recordings, photographs, reviews, etc.

It is hereby agreed to by the person/organization (Presenter) requesting the use of the Arthur Zankel Music Center that no information or publicity of any nature relating to the proposed event may be announced or released in any manner until a standard license agreement is executed by Arthur Zankel Music Center at Skidmore College and the Presenter and the required deposit has been paid. A Certificate of Liability Insurance will be required for any License Agreement at Skidmore College.

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 by:

Signature: _____
Name and Title: _____
Date: _____

Please return this request and all supporting materials to:
Zhenelle LeBel, Managing Director, Zankel Music Center
Skidmore College, 815 N. Broadway, Saratoga Springs NY 12866.
Email: zlebel@skidmore.edu (518) 580-8381 office

Submittal of this request form is not a guarantee that you have been confirmed for your event.