Florida Memorial University
Lou Rawls Center for Performing Arts

Event Inquiry Request
APPLICATION

This is not a binding agreement/nor a contract for services.

Instructions: Please complete and submit the following details for request/ inquiries to utilize the Lou Rawls Center for Performing Arts.

Organization /Department/Company: ___________________________ Date of Request ___________________________
Campus Based Community Non-Profit For Profit Age of Organization ___________________________

Event Contact(s) ___________________________ Event Date(s) ___________________________

Address ___________________________

Phone(s) ___________________________ Mobile ___________________________ Fax ___________________________

Email ___________________________ Person submitting form ___________________________

Type of Organization (Provide a documented statement) ___________________________

Is the organization a non-profit with 501© (3) status? Yes: _______ No: _______

Type of Event: Concert Dance Film Pageant Play Other ___________________________

Event Title ___________________________ Est. Size of Company/Cast ___________________________

(DESCRIPTION OF EVENT Please give as many details as possible): ___________________________

A Liability Insurance Policy purchased by the client must be provided 30 days prior to the performance.

Anticipated Prep. Time: _______ hours Event Start Time: _______ Event Run Time: _______ hours

Will there be Guest Entertainment? Yes _____ No _____ Will food/beverage be required? Yes ___ No ___

Type of Seating: Reserved _____ General _____ Estimated size of Audience ____________

Type of admission: Paid _____ Free _____ Invitation only _____ Ticketed _____

Is event open to the public? Yes _____ No _____ Estimated Range of Ticket Prices: From $ _____ To $ _____

Please include a limited amount of additional information and/or materials as necessary to expand on this application: 501© (3) letter of verification from IRS. Please provide information on Guest Entertainment, ie: names, description of performance, etc.

I understand that this application is for the purpose of furnishing the Lou Rawls Center for the performing Arts with sufficient information to evaluate the Applicant and event that Applicant wishes to pursue. Information provided herein is not binding on the Center and implies no contractual relationship. Applicant certifies that the undersigned has authority to execute contractual agreements for sponsoring organization.

Signature-Sponsor/Representative: ___________________________ Date: ___________________________

For Official use only

Director’s signature: ___________________________ Action: ___________________________

15800 N.W. 42nd Avenue. Miami, Florida 33054. Phone: 305-623-1410 email: lrawlsperformingarts@fmuniv.edu