

**Louisa Arts Center
RENTAL SPACE REQUEST**

Date of Event: _____ 200__

Name of Event: _____

Name of Organization: _____

Responsible Person: _____

Phone(s): _____ Cell: _____

Email: _____ Website: _____

Fax: _____ Other: _____

Purpose of Event: _____

Type of Event (check one): Reception Meeting Recital
 Reunion Party Workshop Outdoor Event Festival
 Other _____

Requested Center Area:

Inside:

Gallery Lobby Catering Kitchen Bartender Piano
 Theatre Podium Full Stage Dressing Rooms Lighting
 Sound House Engineer* Meeting Room Conference Room
 Studio A Studio B

Outside:

Patio Shelter Park Area

Other:

Parking: _____ Anticipated Number of Attendees

Participants/Attendees with "Special Needs". Specify: _____

***Technical Needs for any event must be discussed thoroughly in advance with the Center Director, to assure preparation and scheduling of Center staff for your event. Please provide a list of your event's schedule, technical requirements and setup request at the first meeting.**

Office Notes: _____

Mail to: Director, Louisa Arts Center, PO Box 2119, Louisa, VA 23093
Questions: 540-967-2200