

# General Public Application for Use of Laidlaw Performing Arts Center Facilities

Applicant and Organization \_\_\_\_\_ Date of Application \_\_\_\_\_

## **ROOMS REQUESTED FOR YOUR EVENT (Check all that apply)**

\_\_\_\_ Recital Hall                      \_\_\_\_ Green Room                      \_\_\_\_ Rehearsal Room 1230  
\_\_\_\_ Classroom 1102                      \_\_\_\_ Classroom 1106                      \_\_\_\_ Front Lobby for Reception, Display or other use  
\_\_\_\_ Classroom 1127                      \_\_\_\_ other rooms (specify) \_\_\_\_\_

## **DATE(S) AND TIMES NEEDED FOR YOUR EVENT (be specific!!)**

\_\_\_\_\_ Date(s) this event will take place, including any possible approved rehearsal dates  
\_\_\_\_\_ Times the space is needed for date(s) of your event, including **initial setup** to **final cleanup**  
\_\_\_\_\_ **“Actual start time”** for each event date (time the event actually begins)

**INFORMATION ABOUT YOUR EVENT** -- Please state specifically the “title” of your event, the actual nature of your event and what will occur at your event. Include number of participants involved and the expected attendance.

**EQUIPMENT NEEDS FOR YOUR EVENT** -- Please see the attached *rules* for items that USA LPAC may provide various users. In the space below, state your needs for each room OR attach a setup sheet/diagram stating same.

## **INFORMATION ABOUT APPLICANT AND ORGANIZATION REQUESTING USE OF LPAC FACILITIES**

Organization Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name and title of Chief Officer \_\_\_\_\_ Phone \_\_\_\_\_

Description of Organization \_\_\_\_\_

Applicant’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant’s cell/pager \_\_\_\_\_ Applicant’s fax \_\_\_\_\_ Applicant’s e-mail \_\_\_\_\_

***“I have read the ‘Policy and Rules,’ ‘USA Camps, Conferences and Special Events Policy,’ and ‘Scheduling and Procedures for Charges and Billing’ (separate documents) for use of the Laidlaw Performing Arts Center rooms and will insure that all participants in my event comply with them. I understand that acceptance and approval of this application is subject to review by the University of South Alabama, the Department of Music Scheduling Committee, and the Chair of the Department of Music.”***

Applicant’s signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed application to: Keith Bohnet, Events Coordinator, USA Department of Music  
Laidlaw Performing Arts Center, 5751 USA Drive S., Mobile, AL 36688-0002  
251-460-7116 or 251-460-6136; kbohnet@southalabama.edu

----- (Please do not write below this line -- Section below to be completed by USA and Music Department staff) -----

USA Administration approval signature (if needed) \_\_\_\_\_ Date \_\_\_\_\_

Scheduling Committee approval signature (if needed) \_\_\_\_\_ Date \_\_\_\_\_

Music Department Chair approval signature (required) \_\_\_\_\_ Date \_\_\_\_\_