



## SUBSIDIZED PRODUCING PARTNER APPLICATION

The information you provide in this application will be used strictly to determine an appropriate price quote. Please fill it out in its entirety and return it via facsimile to Kelly Strayhorn Theater at 412.363.3416 or email [Joseph@kelly-strayhorn.org](mailto:Joseph@kelly-strayhorn.org). If the details of your request change, the quotation will be adjusted to reflect the modifications. Please note that any requests for spaces, dates, hours, and services shall not be deemed confirmed unless a contract and invoice is issued and signed by both parties. This application does not suggest any formal agreement.

**PLEASE COMPLETE THIS FORM** *(If you have any questions please don't hesitate to call 412.363.3000)*

Company /Organization Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Are you a 501 (c)(3)? (documentation required) \_\_\_\_\_

Do you have Liability Insurance? (documentation required) \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

Contact Person Daytime Phone: \_\_\_\_\_

Contact Person E-Mail Address and Organization Website \_\_\_\_\_

**TITLE AND DESCRIPTION OF SPECIAL EVENT/PERFORMANCE:** (Please be specific!)

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**DATES:**

PREFERRED DATE 1: \_\_\_\_\_

PREFERRED DATE 2: \_\_\_\_\_

PREFERRED DATE 3: \_\_\_\_\_

***PLEASE NOTE: Dates will not be held until a contract is issued and a deposit payment is received.***

**WHAT IS THE EVENT?**

∇ Performance (dance, concert, play, musical): \_\_\_\_\_

∇ Conference / Lecture (title): \_\_\_\_\_

∇ Film / Video Screening (title): \_\_\_\_\_

∇ Other (please describe): \_\_\_\_\_

NUMBER OF PEOPLE IN CAST: \_\_\_\_\_

ANTICIPATED ATTENDANCE: \_\_\_\_\_

IS THIS EVENT OPEN TO THE GENERAL PUBLIC?: \_\_\_\_\_

**SCHEDULE:**

In order to best help create a budget for your special event, please estimate the number of hours you will be using the Space. Please include rehearsals, set-up, and other time requirements.

LOAD-IN/SET-UP BEGINS: \_\_\_\_\_

FIRST PERSON WORKING EVENT WILL ARRIVE AT: \_\_\_\_\_ AM /PM

EVENT STARTS AT: \_\_\_\_\_

EVENT ENDS AT: \_\_\_\_\_

LAST PERSON WORKING EVENT WILL LEAVE AT: \_\_\_\_\_ AM / PM

LOAD-OUT BEGINS: \_\_\_\_\_

LOAD-OUT ENDS: \_\_\_\_\_

NUMBER OF REHEARSAL HOURS: \_\_\_\_\_

LENGTH OF PERFORMANCE: \_\_\_\_\_

DATE(S) OF EVENTS (include all times and activities planned, including rehearsals and preshow/postshow)

Day	Date	Activity	Time (start-end)	

If your performance is to run on multiple days, please include each performance in your calculation.

TOTAL NUMBER OF HOURS IN THEATER

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**EQUIPMENT NEEDS** (please check all that apply. Additional costs are noted)

- Conference Sound Equipment
- Concert Sound Equipment
- Production Level Sound Equipment
- Harlequin Dance Floor - \$100
- Projection - \$50
- Screen - \$100
- Piano & Tuning - \$120
- Music Stands  
(number needed) \_\_\_\_\_

**TICKETING / BOX OFFICE** *(staffed by licensee)*

What are the proposed ticket prices? \_\_\_\_\_

Will it be a general admission event or reserved seating? \_\_\_\_\_

**USHERS** *(staffed by licensee)*

A minimum of 2 ushers are required for all events.

**MERCHANDISE SALES** *(please specify the types of merchandise you are proposing to sell on site on the day of your special event)*

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**RECEPTIONS:**

If you would like to also have a reception in addition to your special event, please describe what you envision for your reception including: number of attendees, type of food & drink, display, furniture needs and location: (i.e. Lobby, Theater)

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**RETURN THIS APPLICATION BY FACSIMILE OR EMAIL TO:**

Kelly Strayhorn Theater  
5491 Penn Avenue  
Pittsburgh, PA 15206

Email: [info@kelly-strayhorn.org](mailto:info@kelly-strayhorn.org)  
Fax: 412.363.3416

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**Signature**

**Date**