

SPACE RESERVATION AND REQUEST FORM

DATE THE MORTON THEATRE WAS CONTACTED: _____

NAME OF MORTON REPRESENTATIVE: _____

NAME OF PRESENTER REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.#: (____) _____ FAX NO.# (____) _____

DATE(S) REQUESTED BY PRESENTER REPRESENTATIVE: _____

ALTERNATE DATE(S): _____

TIMES REQUESTED: _____

COMMERCIAL-PRIVATE _____ NON-PROFIT _____ (with proof of IRS 501 (c) 3 exempt status)

PRESENTER CONTACT PERSON (I.E., Director, Program Manager, President, Coordinator, etc.):

(If different from above) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.#: (____) _____ FAX NO.#: (____) _____

EVENT DESCRIPTION (Including performance length): _____

WILL YOU UTILIZE THE HARRIS PHARMACY SPACE FOR CONCESSIONS/RECEPTION? _____

WILL YOU REQUIRE A PIANO? _____ UPRIGHT or _____ BABY GRAND

WILL YOU REQUIRE THE MORTON THEATRE STAFF TO PROVIDE TECHNICIANS: _____

HOW MANY? _____ WHAT AREAS (Sound, Lighting, Stage Managing, etc.)? _____

OTHER EQUIPMENT (Cyc, Mirror Ball, Wireless Mics, Forklift, Platforms, etc.): _____

_____ FOLLOWSPOTS? _____ (1, 2, OR 3)? _____

TICKET INFORMATION: _____ GENERAL ADMISSION or _____ RESERVED SEATING

WILL YOU NEED THE BOX OFFICE TO: _____ SUPPLY VOLUNTEER USHERS,

_____ SELL TICKETS YOU DELIVER, or _____ PRINT YOUR EVENT TICKETS

This form as well as **The Public Relations and Promotions Information** must be fully completed by the presenter. These forms, along with your **\$30 application fee** must be returned to the Morton Theatre Administrative Office ten (10) business days after they were received by your organization. Information contained on these pages will allow the staff to access your deposit amount, as well as update our media and website calendars at: www.mortontheatre.com

Information On This Form Will Be Utilized By The Morton Theatre Staff To Keep In Contact With The Presenter.