



Fine Arts Center

RESERVATION FORM

University of North Florida Fine Arts Center
1 UNF Drive • Jacksonville, FL 32224
Building 45 • Suite 2400
Phone: (904) 620-1895 Fax: (904) 620-1897

The undersigned, hereinafter, referred to as the applicant, makes application for permission to use the Fine Arts Center as indicated below, on the date(s) specified for the purpose described. The Fine Arts Center at UNF reserves the right to approve which events shall be presented at the facility.

PROPOSED DATE(S) & EVENT TIMING

Date(s): _____ Day(s) of the Week: _____

Title of Event: _____

- 1) Load-in/Arrival: _____ am/pm
- 2) Rehearsal/Sound Check: _____ am/pm
- 3) Show/Event time: _____ am/pm
- 4) Length of Performance: _____ (hours)
- 5) Load-out: _____ am/pm

EVENT DESCRIPTION/PURPOSE *(Used to provide information for those calling our office or the UNF Ticket Box Office.)*

Estimated Attendance _____ Admission Charge(s) _____

VENUE AND AUXILIARY ROOMS

- Lazzara Performance Hall
- Recital Hall
- Robinson Theatre
- Lobby
- Concession Area
- Green Room
- Dressing Rooms
- Other

Ensemble Rehearsal Room(s)

List Room Numbers: _____

Instructional Classroom(s)

List Room Numbers: _____

COMPANY/ORGANIZATION NAME

Profit _____ Non-Profit _____ IRS Tax ID # _____

Company Name: _____ Title: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

Business FAX: _____ Organization Web site: _____

CONTACT NAMES, PRINCIPALS (and/or) OFFICERS

1. Names & Title _____
Address: _____
Telephone: _____ Fax: _____
Email: _____

2. Names & Title _____
Address: _____
Telephone: _____ Fax: _____
Email: _____

BANK INFORMATION/REFERENCES

1. Name: _____ Address: _____
Telephone: _____ Account No.: _____

2. Name: _____ Address: _____
Telephone: _____ Account No.: _____

PROMOTER REFERENCES (and/or) FACILITIES USED

1. Name: _____ Phone: _____
Address: _____

2. Name: _____ Phone: _____
Address: _____

3. Name: _____ Phone: _____
Address: _____

RELEASE OF INFORMATION

I hereby authorize the release of any financial information necessary to provide assurance of financial ability to the University of North Florida Fine Arts Center to process this application. Please fill in all requested information. Blank fields may delay the processing of your request. Submission of this request does not guarantee your reservation and no advertising of your event should occur until confirmation is received from the Fine Arts Center Office.

Signature and Title

Date