

THE LIGHT BOX AT GOLDMAN WAREHOUSE
RENTAL QUESTIONNAIRE

Name of Renter/Organization: _____
 Business/Management Contact: _____
 Name of Event: _____
 Date(s) Requested: _____ Number of Attendees: _____
 Email and phone number of contact: _____

Type of Event (Please Circle)
 Theater Concert Seminar Meeting Party Video Shoot
 Workshop Other _____

SCHEDULE

Load-In (Set Up):	From _____	To _____	Non-Profit* _____
Rehearsal/Sound Check:	From _____	To _____	Commercial _____
Performance:	From _____	To _____	
Intermission (Y/N)	From _____	To _____	
Load-Out (Strike)	From _____	To _____	

SPACE NEEDS

Lobby:	Yes _____	No _____
Bar/Kitchen Area:	Yes _____	No _____
Studio A/Black Box:	Yes _____	No _____
Studio B/ White Box:	Yes _____	No _____
Dressing Room:	Yes _____	No _____
Wi-Fi:	Yes _____	No _____

TECHNICAL NEEDS

Lighting:	Yes _____	No _____
Please describe needs: _____		
Sound:	Yes _____	No _____
Please describe needs: _____		
List audio source (i.e. CD, iPod, etc.): _____		
Microphones:	Yes _____	No _____ How many? _____
Video Projection:	Yes _____	No _____
Please describe needs: _____		
List video source (i.e. DVD, laptop, etc.): _____		
Staging (Set):	Yes _____	No _____ How many? _____
Please describe needs: _____		

ADDITIONAL NEEDS

Tables	Yes _____	No _____	How many? _____
Chairs	Yes _____	No _____	How many? _____
Do you have signs?	Yes _____	No _____	How many? _____
Will there be food?	Yes _____	No _____	
Time food is served:	From _____	To _____	
Will there be alcohol?	Yes _____	No _____	
Valet Service	Yes _____	No _____	
Are tickets being sold?	Yes _____	No _____	