

Bordentown Performing Arts Center and BRMS Auditorium
RENTAL INFORMATION FORM

PLEASE PRINT NEATLY

ORGANIZATION: _____

EVENT TITLE: _____ EVENT TYPE: _____

CONTACT NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL: _____ WORK: _____ HOME: _____

CONTACT EMAIL ADDRESS: _____

ORGANIZATION WEBSITE: _____

TAX STATUS: PROFIT NON-PROFIT TAX EXEMPT NUMBER: _____

FACILITY REQUESTED (please check one): BPAC _____ BRMS Auditorium _____

ADDITIONAL ROOMS REQUESTED: _____

NUMBER OF PERFORMERS: _____ EST. AUDIENCE ATTENDANCE: ADULTS: _____ CHILDREN: _____

EVENT DATE: _____ **TYPE:** Rehearsal Performance Other: _____

ORGANIZATION ARRIVAL TIME: _____ EXIT TIME: _____

PERFORMANCE START TIME: _____ PERFORMANCE END TIME: _____

2nd PERFORMANCE START TIME: _____ 2nd PERFORMANCE END TIME: _____

EVENT DATE: _____ **TYPE:** Rehearsal Performance Other: _____

ORGANIZATION ARRIVAL TIME: _____ EXIT TIME: _____

PERFORMANCE START TIME: _____ PERFORMANCE END TIME: _____

2nd PERFORMANCE START TIME: _____ 2nd PERFORMANCE END TIME: _____

EVENT DATE: _____ **TYPE:** Rehearsal Performance Other: _____

ORGANIZATION ARRIVAL TIME: _____ EXIT TIME: _____

PERFORMANCE START TIME: _____ PERFORMANCE END TIME: _____

2nd PERFORMANCE START TIME: _____ 2nd PERFORMANCE END TIME: _____

Please use this page if you are requesting more than three dates.

EVENT DATE: _____ **TYPE:** ___ **Rehearsal** ___ **Performance** ___ **Other:** _____

ORGANIZATION ARRIVAL TIME: _____ EXIT TIME: _____

PERFORMANCE START TIME: _____ PERFORMANCE END TIME: _____

2nd PERFORMANCE START TIME: _____ 2nd PERFORMANCE END TIME: _____

EVENT DATE: _____ **TYPE:** ___ **Rehearsal** ___ **Performance** ___ **Other:** _____

ORGANIZATION ARRIVAL TIME: _____ EXIT TIME: _____

PERFORMANCE START TIME: _____ PERFORMANCE END TIME: _____

2nd PERFORMANCE START TIME: _____ 2nd PERFORMANCE END TIME: _____

EVENT DATE: _____ **TYPE:** ___ **Rehearsal** ___ **Performance** ___ **Other:** _____

ORGANIZATION ARRIVAL TIME: _____ EXIT TIME: _____

PERFORMANCE START TIME: _____ PERFORMANCE END TIME: _____

2nd PERFORMANCE START TIME: _____ 2nd PERFORMANCE END TIME: _____

EVENT DATE: _____ **TYPE:** ___ **Rehearsal** ___ **Performance** ___ **Other:** _____

ORGANIZATION ARRIVAL TIME: _____ EXIT TIME: _____

PERFORMANCE START TIME: _____ PERFORMANCE END TIME: _____

2nd PERFORMANCE START TIME: _____ 2nd PERFORMANCE END TIME: _____

EVENT DATE: _____ **TYPE:** ___ **Rehearsal** ___ **Performance** ___ **Other:** _____

ORGANIZATION ARRIVAL TIME: _____ EXIT TIME: _____

PERFORMANCE START TIME: _____ PERFORMANCE END TIME: _____

2nd PERFORMANCE START TIME: _____ 2nd PERFORMANCE END TIME: _____

EVENT DATE: _____ **TYPE:** ___ **Rehearsal** ___ **Performance** ___ **Other:** _____

ORGANIZATION ARRIVAL TIME: _____ EXIT TIME: _____

PERFORMANCE START TIME: _____ PERFORMANCE END TIME: _____

2nd PERFORMANCE START TIME: _____ 2nd PERFORMANCE END TIME: _____