



Request for Use Form

Please complete and return to:
Manager, Orion Performing Arts Center
50 Republic Ave., Topsham, ME 04086
TEL: (207) 729-2950 ext. 7
FAX: (207) 725-9354

Name of Organization: _____

Contact Person: _____ Telephone: _____ email: _____

Address: _____ Zip: _____

Name of Event or Performance: _____

Description of Event or Performance: _____

TICKET PRICES:

Adults: _____ Children: _____ Senior: _____ Students: _____ Estimated Attendance _____

Group Rates: _____ General Admission: _____

INSURANCE: _____ Will activity be open to the public? _____

DATES AND TIMES OF USE:

Date(s) of Use _____ Set up Time _____ Event Time _____

Rehearsal Dates: _____ Total Hours of use for Rehearsal _____

Day: _____ Time: From _____ To _____

Day: _____ Time: From _____ To _____

Performance(s): _____

Total Hours of use for Performance: _____

Strike: _____

What, if any equipment or supplies will you be bringing in? Set up required:

(Please see reverse for Orion's equipment list)

Will there be an Intermission: _____ If so, when and how long: _____

CONCESSIONS: Yes: _____ No: _____ What type of concessions: _____

Will there be Food or Drinks: Yes: _____ No: _____ If so, what type and who will be catering: **(NO ALCOHOLIC BEVERAGES ALLOWED)**

I understand that I and the organization that I represent are bound by the Policies and Procedures for the Orion Performing Arts Center, and that I will comply with all aspects of those policies.

Date of Application: _____

Signature: _____



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Equipment Required:

Please check appropriate box or write in number of item(s) needed.

Piano	
Sound System	
# of Mics	
Tape Deck	
CD Player	
Sound Technician	

Lighting	
General	
Theatrical (\$30/hr with technician)	

Staging Equipment:

# of Chairs	
# of Tables	
Podium	
Choral Risers	
Video Projector	

Ticket Takers	
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