

SPACE REQUEST FORM

mailing address: Facilities Rental - MWPAC, 502 E Boone Ave, AD55, Spokane, WA 99258
mwpac@gonzaga.edu • (509) 313-4776

*Please complete (print or type) and email or mail to the address above.
Forms must be received within one week of a verbal courtesy hold to secure the date(s) for an event.*

Reservation is not confirmed until a Facilities Use Agreement has been fully executed and deposit payment received.

Organization: _____

Contact Person: _____

Name of Event: _____

Billing Address with City/State/Zip: _____

Phone: _____ **Alternate Phone:** _____ **E-mail:** _____

Type of Event (*musical concert, reception, play, recital, lecture, rehearsal, etc.*): _____

Facilities Requested: ☐ Fr. Bernard J. Coughlin, S.J. Theater (Mainstage) ☐ Martin and Edwidge Woldson Recital Hall
check all that apply ☐ Lower Lobby ☐ Upper Lobby
☐ Coughlin Plaza ☐ Recital Hall Plaza ☐ Other _____

*Please review performance listings at gonzaga.edu/mwpac prior to requesting dates.
Dates and times will be confirmed and finalized in consultation with the Director of the Myrtle Woldson Performing Arts Center.*

Day & Dates of request: List <i>all</i> requested dates. Include prep/tear-down dates (MM/DD/YY)	Type of activity: Set-up, Tech, Rehearsal, Recording, Performance, Reception, or Other (<i>specify</i>)	Access to venue requested at (XX:XX am/pm)	Event begins at: (XX:XX am/pm)	Event ends at: (XX:XX am/pm)	Venue vacated (lights out, locked up) by: (XX:XX am/pm)

Is the event appropriate for all ages? YES NO If no, what age range is appropriate? _____
Is the event open to the public? YES NO Estimated audience size: _____
Will the event be ticketed? YES NO Will the event be free? YES NO
Do you plan to sell merchandise? YES NO Will the event be recorded? YES NO
Will the event be catered? YES NO Please note that Zag Dining is the preferred caterer for the Myrtle Woldson Performing Arts Center.

Please list event requirements and/or special needs (piano, special lights, audio support, microphones, podium, CD/minidisk playback, etc...

RENTALS (*Check one*):

☐ Commercial ☐ Non-Profit – 501(c)3 # required: _____ ☐ GU Department or Campus Organization

Authorized signature: _____ *When filling in form electronically, your typed name serves as a signature*