



Jean and Paul Amos Performance Studio Request for Services Red Room

Date Due _____ **Questions: 850-484-1230 Eric Fundin, Fax 850-484-1255**

Event Title: _____	Date of Event: _____
Organization: _____	Beginning Time of Event: _____
	End Time of Event: _____
Contact Person(s): _____	
Address: _____	Estimated # of Participants: _____
_____	Budget number for hard costs: _____
Email Address: _____	
Phone: _____	

Timing

Time setup will begin: _____ Do you need help with set-up? ___ Yes ___ No.

Open exterior lobby doors for guests at: _____

Set-up:

Will you need chairs? ___ Yes ___ No. How many? _____

Will you need rectangle tables? ___ Yes ___ No. How many? _____ (10 available)

Will you need round tables? ___ Yes ___ No. How many? _____ (5' round tables available) (*Amos Studio does not provide linens.*)

Would you like to arrange room yourself? ___ Yes ___ No.

If no, please provide separate sheet of paper with basic drawing of table and chair configuration or describe:

Any setup required in lobby? ___ Yes ___ No. If yes, please describe.

Food: ***Please remember to remove leftover food from kitchen and refrigerator.***

Will food be served? ___ Yes ___ No.

Catering Company: _____ Contact person: _____ Phone: _____

Audio/Visual Requirements:

___ Podium ___ Portable Projector ___ Screen ___ Laptop

Miscellaneous:

Will you be selling merchandise? ___ Yes ___ No. *If yes, items to be sold _____

Number of tables required: _____ *Prior approval required by PSC to sell merchandise.

Questions/Additional Requests or Information:

