

Please return completed application to: Maria Sahakian, Director of Marketing & Events, Glendale Arts, 116 West California Avenue, Glendale, CA 91203; Tel: (818) 243-2611 ext. 16; Fax: (818) 241-2089.

Licensing Agreement Information:
Please Print Clearly

Title of Event		Date(s)	Start Time(s)
Organization Signing the Agreement			
Mailing Address – Street / Post Office Box		Suite / Apt. Number	
City	State	Zip Code	
Federal Tax ID Number or Social Security Number	Type of Organization	Web Site Address	
Person Signing the Agreement	Name	Title	

Contact Information:

Primary Contact	Name/Title		Email	
Primary Contact Number	Type	Secondary Contact Number	Type	Fax
Ticket Information	Name		Email	
Primary Contact Number	Type	Secondary Contact Number	Type	Fax
Marketing/Publicity	Name		Email	
Primary Contact Number	Type	Secondary Contact Number	Type	Fax
Technical	Name		Email	
Primary Contact Number	Type	Secondary Contact Number	Type	Fax

Event Information:

Description of Meeting (Please include as much detail as possible)		
Where will your meeting take place? <input type="checkbox"/> Auditorium <input type="checkbox"/> Alexander Terrace (upstairs) <input type="checkbox"/> Alex Theatre Forecourt (outside) <input type="checkbox"/> Main Lobby (downstairs)		
Is this a ticketed meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seating? <input type="checkbox"/> Reserved <input type="checkbox"/> General Admission	Is this meeting open to public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approx. Length of Meeting: hr min	Will there be an intermission? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Attendance:	Suitable Ages: <input type="checkbox"/> Any Age <input type="checkbox"/> 6 Yrs Old + <input type="checkbox"/> 18 Yrs Old + <input type="checkbox"/> Adults Only	
Will you be filming / taping your meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is photo / video recording allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will merchandise be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Merchandise Contact	Tel:
Will you have a reception at the Theatre? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes: <input type="checkbox"/> Before performance <input type="checkbox"/> After performance <input type="checkbox"/> Catered <input type="checkbox"/> Alcohol (Beer & Wine only)		

Settlement Information:

How do you want to receive your settlement paperwork? <input type="checkbox"/> Mail <input type="checkbox"/> Pick up from Alex Theatre Office	If pick-up, name of individual authorized to receive settlement package:
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