



Jean and Paul Amos Performance Studio
Request for Services
FAX 850-484-1268

Today's Date: Questions: 850-484-1230 Eric Fundin, Director
850-471-4503 Jan Lindley, PT Director

Event Title: Date of Event\*:
Organization: ( ) Concert/Performance ( ) Seminar ( ) Sound Stage Use ( ) Other
Contact Person(s): \*Beginning Time of Event:
Billing address: End Time of Event:
\*Please designate rehearsal times/dates on next page.
Email Address: Estimated # of Participants:
Telephone number(s): Estimated Audience:

Tickets & Ushers:

Will tickets be sold for this event? ( ) Yes ( ) No . A paid house manager is required for all events.
If yes, will seating be ( ) general admission or ( ) reserved? Please give contact phone # for tickets:
Will there be programs for the event? ( ) Yes ( ) No. Other handouts or inserts? (please describe)
Do you want leftover programs saved for you? ( ) Yes ( ) No. Note: Must be picked up immediately after event.
Do you permit amateur photography? ( ) Yes ( ) No. Video or audio recording? ( ) Yes ( ) No.

Public Access:

Open lobby doors to public at: Open studio to public at:
Late seating: ( ) continuous; ( ) between pieces; ( ) at intermissions only; ( ) none.
Number of intermissions: Length of intermissions:

Dressing/Green Room:

Will you be using the green room behind the stage? ( ) Yes ( ) No Number of people in green room:
If yes, Date: Time period: AM/PM Note: Amos Studio is not responsible for lost or stolen items.

Lobby/Red Room:

Will you be using the lobby (other than for guests arriving)? ( ) Yes ( ) No
If yes, for what purpose:
# of 6' rectangle tables required # of chairs required
Please describe lobby setup:

Will you be using the studio breakout room (red room)? ( ) Yes ( ) No
If yes, for what purpose:
# of round tables required # of 6' rectangle tables required # of chairs required
Other information about breakout room setup:

Will you be selling merchandise? ( ) Yes ( ) No. \*If yes, items to be sold:

**Jean and Paul Amos REQUEST FOR SERVICES**

**Staging**

**Date(s) of event:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Your Contact for Technical Info:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Schedule:**

<i>(Circle One)</i>	<b>Date</b>	<b>Access to Studio*</b>	<b>Event Start</b>	<b>Event End</b>	<b>Other Info</b>
Rehearsal / Perf.	_____	_____ a.m./p.m.	_____ a.m./p.m.	_____ a.m./p.m.	_____
Rehearsal / Perf.	_____	_____ a.m./p.m.	_____ a.m./p.m.	_____ a.m./p.m.	_____
Rehearsal / Perf.	_____	_____ a.m./p.m.	_____ a.m./p.m.	_____ a.m./p.m.	_____
Rehearsal / Perf.	_____	_____ a.m./p.m.	_____ a.m./p.m.	_____ a.m./p.m.	_____

\*Studio Access includes Green Room and Dressing Rooms

**Stage:** Will you need a stage? \_\_\_\_\_ Will you be bringing/constructing your own stage? \_\_\_\_\_ If not, please describe stage needs below. Price will be determined based on the complexity of stage. \_\_\_\_\_

**Lighting Requirements:** Studio includes basic illumination. Additional needs entail added charges. Must meet with lighting director.

Follow spots: ( ) 1 or ( ) 2. Lighting Designer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Audio/Visual Requirements:** Is sound reinforcement required? ( ) Yes ( ) No. If yes, please indicate equipment and **quantity** needed.

\_\_\_\_\_ Vocal mics (over ear) \_\_\_\_\_ Wireless Lav mics \_\_\_\_\_ Wireless handheld \_\_\_\_\_ Instrument mics \_\_\_\_\_ Drop mics  
\_\_\_\_\_ Stage monitors \_\_\_\_\_ Microphone stands \_\_\_\_\_ 6k Lumen Projector/Screen

Additional A/V requirements:

**Instrument Requirements**

Piano: ( ) one ( ) two \*Note: Amos has one concert grand piano in-house. (\$75 tuning charge)

Additional Requirements: \_\_\_\_\_

**Television Production:**

Do you want this event videotaped? \_\_\_\_\_ Additional costs for personnel, production, and post production. Separate estimate will be provided. Must meet with producer/director.

**Additional Requests or other information not listed on form:**

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Office Use Only

<b>Routing date</b> _____: _____ <b>Engineering</b> _____ <b>Production</b> _____ <b>Ushers</b>
<b>Contract fee:</b> _____ <b>Deposit:</b> _____ <b>Date Deposit received:</b> _____
<b>Certificate of Liability Ins. received:</b> _____ <b>Final bill sent:</b> _____
<b>Business Office Notes:</b>

**Facility use/rental is subject to Florida sales tax. If you are exempt from Florida sales tax /use you must provide a copy of a current Florida sales tax exemption certificate to WSRE at the time your contract is signed.**

I agree that the information listed on this form adequately details the requirements for my event(s), and I have received a copy of the studio rules and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date