



Thank you for your interest in the Duke Ellington School of the Arts, to expedite your facility request, please complete all areas of this request form and submit to the Theatre Operations Manager no later than 8 weeks prior to your requested date(s). Forms can be hand delivered or mailed to the Duke Ellington School of the Arts 3500 R Street NW – Washington, DC 20007 or sent via fax 202-318.1436.

www.ellingtonschool.org

APPLICATION FEE \$50.00 (NON REFUNDABLE)

CONTACT INFORMATION: {PLEASE PRINT}

Requesting Organization/Department:				Today's Date:	
Contact Name #1:		Telephone:		Mobile Phone:	
Email:	Address:	City:	State:	Zip Code:	
Contact Name #2:		Telephone:		Mobile Phone:	
Email:	Address:	City:	State:	Zip Code:	

DESCRIPTION OF SPACE NEEDED: If you need assistance completing this form or would like to schedule a facility tour, please contact Ronald Lee Newman, Operations Manager on 202.298.1777 ext 2670 or via email @ Rnewman@ellingtonschool.org.

Event Title: Brief Description:	Please check area(s) of interest	
	<input type="checkbox"/> Theatre (839 seats) <input type="checkbox"/> Dressing Salons <input type="checkbox"/> Dance Studio A* <input type="checkbox"/> Dance Studio B* <input type="checkbox"/> Dance Studio C** <input type="checkbox"/> Rehearsal Studio A	<input type="checkbox"/> Costume Shop <input type="checkbox"/> Gallery* <input type="checkbox"/> Scene Shop* <input type="checkbox"/> Rehearsal Hall <input type="checkbox"/> Banquet Hall** <input type="checkbox"/> Other

Type of Event: (opera, musical, play, recital, concert, workshop, rehearsal, lecture, etc.)

	Date(s) (Feel free to attach production schedule)	Time(s)	Total Hours
Facility usage date(s):			
Load In :			
Rehearsal Date(s):			
Performance(s):			
Load Out :			

* Facility usage maybe limited during the months of September – June (See Operations Manager for further details)

** Limited usage during the months of September – June.

PLEASE READ BEFORE SIGNING

Facility request applications are accepted in accordance with the priority list as determined by the Operations Manager and/or Head of School. Additionally, completion of this form does not guarantee or confirm your request for facility usage. Please allow at least 48 hours for a response. Your signature confirms your understanding.

Signature: _____
Authorized Signature of Organization Representative

Submission Date: _____

For Theatre Operations Use Only:

Approved

Not Approved

Date received: _____ **Application Fee Received** (cash check# _____ money order# _____)

Not approve letter sent on _____ **Quote Sent On:** _____ **Contract Sent On:** _____

Head of School Signature: _____ **Operations Manager Signature :** _____