YOUR CONTRACT CANNOT BE COMPLETED WITHOUT THE INFORMATION ON THIS FORM. Berrie Center Rental Information Sheet

Please return by fax to 201-684-7097 or by mail to Deborah Spina, Office of College Events and Conferences, 505 Ramapo Valley Road, Mahwah, NJ 07430

Event Name:	Date:	Time:	Location:
Organization:			
Contact Person:		Position:	
Contact Numbers:		Contact Email:	
Please describe your event	. Be as detailed as possible	e. Attach additional she	ets as needed.
Anticipated number of att	endees:	Number	r of performers:
thirty minutes prior to the ac	dvertised curtain time to allo	ow the house to open and	e Center staff. The stage must be clear and preset audience seating. If there are two performances, there ance and the start of the second.
Your Arrival:			
Start of Rehearsal:			
Crew Break (A 1 hour bre	ak is required within a wo	ork day of over six hour	rs):
House Opens to Audience	(30 minutes prior to event	t start time):	
Event Begins:			
Intermission:			
Event Ends:			
Your Departure:			
Other (Explain):			

If you are planning to be in the venue for multiple days, please attach additional sheets with the schedule for each day. No one may be