



JEAN & PAUL AMOS PERFORMANCE STUDIO

REQUEST FOR SERVICES FORM

Today's Date: _____ Event Date: _____

Event Title: _____

Host Organization: _____

Contact: _____

Email: _____ Phone: _____

Billing/Street Address: _____

City: _____ State/Zip: _____

Event Type

Concert/Performance Seminar/Expo Soundstage Other

Start Time: _____ End Time: _____

Estimated No. of Participants: _____ Estimated Audience: _____

Tickets & Ushers

A paid house manager is required for all events.

Will tickets be sold for this event? Yes No

If yes: General Admission Reserved Seating

Contact Phone/Website for Tickets: _____

Are ushers requested for event? Yes No

Will ushers hand out materials? Yes No

Will ushers save leftover materials? Yes No

Amateur photography permitted? Yes No

Video/audio recording permitted? Yes No

Public Access

Time lobby opens to public: _____ Time studio opens to public: _____

Late Seating: Continuous Between Acts Intermission Only None

No. of Intermissions: _____ Length of Intermissions: _____

Dressing Rooms/Green Room

Will the Green Room be required? Yes/No. of People: _____ No

If yes, date(s) needed: _____ Time Period: _____

Lobby/Red Room (Breakout Room)

Will the lobby area be utilized? Yes No

If yes, for what purpose? _____

No. of 6' tables needed: _____ No. of chairs needed: _____

Setup Description: _____

Will the Red Room be utilized? Yes No

If yes, for what purpose? _____

No. of 6' tables needed: _____ No. of chairs needed: _____

Setup Description: _____

Will merchandise* be sold? Yes No

If yes, what items? _____

**NOTE: Prior approval from the Pensacola State College District Board of Trustees is required for selling merchandise on campus.*

Staging

Requesting a stage? Yes No

If yes, describe staging needs? _____

Note: Price will be determined based on the complexity of stage setup.

If no, will you be bringing/constructing your own stage? Yes No

Lighting

Requesting lighting other than basic room illumination? Yes No

If yes, a lighting director will be assigned entailing additional charges.

Audio/Visual

Will A/V equipment be used? Yes No

Please check required equipment and provide quantities needed:

Over-Ear Vocal Mics _____ Wireless Lav Mics _____ Wireless Handheld _____

Instrument Mics _____ Drop Mics _____ Stage Monitors _____

Microphone Stands _____ 6k Lumen Projector/Screen

Please describe A/V requirements: _____

Instruments

Will musical instruments be used? Yes No

Please describe instrumental requirements: _____

Note: WSRE PBS has one concert grand piano in-house. Use requires \$135 tuning charge.

Video Production

Will video production be required? Yes No

If yes, a separate estimate will be provided for personnel, production and post-production.

Sales Tax

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

Thank you for your interest in booking the WSRE PBS Amos Studio for your event!

Please sign, date and submit this form to jhubbs@wsre.org. A station representative will contact you about your event and to provide an estimate for studio rental and related services.

I agree that the information listed on this form adequately details requirements for our event(s), and I have received a copy of the Studio Rental rates and policies.

Signature: _____ Date: _____

For more information, contact:
Jill Hubbs, WSRE PBS General Manager
jhubbs@wsre.org
850-484-1219

FOR WSRE PBS OFFICE USE ONLY

Routing Date: _____ Engineering Production Ushers

Contract Fee: _____ Deposit: _____ Date Deposit Received:

_____ Date Certificate of Liability Received: _____ Date Final Bill Sent:

_____ Business Office Notes:
