



alaskadance**theatre**

A nonprofit organization, est. 1981

ALICE BASSLER SULLIVAN, artistic director
COURTLAND WEAVER, associate director

FACILITY USE REQUEST FORM

550 East 33rd Avenue, Anchorage, AK 99503: 277-9591 / Fax: 274-3078

Today's Date _____ Type of Activity: _____

Name of Organization/Individual requesting rental: _____

Mailing Address: _____

email

Contact Person: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Check One:

_____ Nonprofit tax ID # _____

_____ Private Business Business Licsence # _____

_____ Individual Any relationship to ADT if any _____

Person in charge of activity while at facility: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Charge (if any) per participant: \$ _____ Daily Weekly One time (circle one)

Rental Request:

Day of Week	Date(s)	Time (start/end)	# of Participants	Age Range

Attach addition sheet with additional times if necessary

Other: _____

Space requested: Moose's Tooth RIM JL GCI Davis ABS Theatre

Notes:

You will be required to attach the following with any contract:

Certificate of Incorporation (for nonprofit request)

Insurance rider naming Alaska Dance Theatre as additional insured

Alaska Business License

Revised: Aug. 2007