

BALLET HISPANICO

APPLICATION FOR STUDIO RENTAL

PLEASE COMPLETE THIS FORM AND RETURN

CONTACT INFORMATION

Company Name: _____

Mailing Address: _____ City, State, Zip: _____

Federal I.D. Number : _____ 501(c)(3): *circle one* Yes No
If not, please see Commercial Rates

Contact Person: _____ Contact Phone: _____

Contact Fax: _____ Contact Email: _____

REQUESTED DATES

Month: _____ Day(s): _____

SPACE

Studio Requested *(please check one)*:

Tansill () Arnhold () 4 () 8 () 9 () 10 ()

Please check one

Hourly Rental: _____ Daily (4-hour): _____ Daily (8-hour): _____

5-day week: _____ 6-day week: _____

If Hourly was checked, please fill in the following information:

Number of hrs: _____ Rate: _____ Total: \$0.00
(see rate sheet)

EQUIPMENT

Tables (#): _____ Chairs (#): _____ Total: _____ \$0.00

SCHEDULE

Start Time: _____ AM/PM End Time: _____ AM/PM

First person arrives at: _____ AM/PM Last person leaves at: _____ AM/PM

Preliminary Total: _____ \$0.00

Return this application by mail or fax to:

Ballet Hispanico
167 West 89th Street
New York, NY 10024
Attention: Matthew Morgan, Director of Operations
Fax: 212.362.7809

The information you provide in this application will be used to determine an appropriate price quotation. Please fill it out as completely as possible and return it via fax or mail. If the details of your request change in the future, the quotation will be adjusted to reflect the modifications. **Please note that any requests for spaces, dates, hours and services shall not be deemed confirmed unless and until a Rental Agreement is issued and payment is received.**