

Allegro Music and Dance School Concert Hall Rental Application

Name (First, Last): _____

Address: _____

Phone: _____

E-mail Address: _____

Emergency Contact Name/Phone: _____

Organization Name: _____

Organization Address: _____

Organization Phone: _____ Fax: _____

Title of Event: _____

Date Requested: _____ Day of the Week: _____

Time: _____ Quantity of chairs: _____

Serving Refreshments? Yes / No

All of the information provided above is accurate and complete,

Applicant Signature _____

Date _____