



MORGAN STATE UNIVERSITY
MURPHY FINE ARTS CENTER

FACILITY LICENSING QUESTIONNAIRE

(Schedule A)

For Office Use only

WT Coordinator: _____

Date: _____

MORGAN STATE UNIVERSITY
MURPHY FINE ARTS CENTER

FACILITY LICENSING QUESTIONNAIRE

Event Name: _____

Date of Performance: _____ Performance Time: _____

Performance Space: _____ Event Code: _____

Presenter: _____

Presenter Contact: _____

Presenter Address: _____

Presenter Telephone: _____ Fax: _____

Presenter Email: _____

Charges will be assessed for services according to rates set by the Venue. This Rental Questionnaire must be signed by an authorized User Representative in order to initiate a venue contract. BY COMPELETING AND SIGNING THIS AGREEMENT, THE USER ACKNOWLEDGES RECEIPT OF A COPY OF THE POLICIES AND PROCEDURES CONCERNING USE OF FACIITIES AND AGREES TO BE BOUND BY AND ADHERE TO THESE POLICIES AND PROCEDURES.

To ensure the success of your event, please complete this form to the fullest extent possible. If additions, deletions, or changes become necessary, please immediately contact the Murphy Fine Arts Center Director.

THIS QUESTIONNAIRE MUST BE RETURNED TEN (10) WEEKS BEFORE THE DATE OF THE EVENT. NO PUBLICITY OR TICKETS OR ON SALE PRIOR TO THIS AGREEMENT BEING RETURNED.

BOX OFFICE INFORMATION

Have you/your organization previously done an event at Morgan State University or the Murphy Fine Arts Center? YES _____ NO _____

If YES, When: _____

CHECK ONLY ONE

Reserved seating: _____ General Admission: _____

Free Admission: _____

Ticket Price(s): Public \$ _____ Student \$ _____

Seniors \$ _____ Child \$ _____

Group \$ _____

Please indicate any discounts that will be offered.

Which ticket sales outlet(s) will you use?

Ticketmaster _____ Your own sales _____

The Murphy Fine Arts Center Box Office is open ½ hour past start time. Please indicate if additional time is requested. YES _____ NO _____

In preparation for Budget meeting and Facilities Walk-thru, please determine the ticket text. The date, time and location are generic to each ticket. Event description is limited to 3 lines of text with each line containing 30 character spaces.

Requested On-Sale Date:_____

Provide a brief description of the event:

Approximately Length of Event:_____

HOUSE MANAGEMENT

Merchandise Sales: YES_____ NO_____

(20% commission is collected by Murphy Fine Arts Center, 30% if we provide sellers.

One Vendor per show.)

Late seating instructions:_____

Intermission(s): NO_____ YES_____ Length of intermission _____minutes.

Coat Check: YES_____ NO_____

FOOD SERVICE

Catering for Public Event: YES_____ NO _____

Catering for Performer Event: YES_____ NO _____

CHECK WHAT APPLIES _____Breakfast _____Lunch _____Dinner

Date:_____ Time:_____ Number of Guests:_____

MARKETING AND PUBLIC RELATIONS

Promotion of any event is the sole responsibility of the Presenter. Please refer to Policies and Procedures regarding promotional material and event advertising. Please attach a news release, or forward release to the Murphy Fine Arts Center prior to date of ticket sales.

TECHNICAL SERVICES

SCHEDULE: (Please attach a separate list describing the flow of the day.)

IMPORTANT: Please attach a copy of the artist technical rider. A contract will not be released until the contract rider and proof of insurance have been presented.

	EVENT DATE(S)	TIME: FROM	TO
Performance	_____	_____	_____
Rehearsal	_____	_____	_____
Set- up/Load-in	_____	_____	_____
Additional Rehearsal	_____	_____	_____

EQUIPMENT NEEDS: Sound/Lighting/Projection (Indicate YES or NO and Quantity)

<u>ITEM</u>	<u>YES</u>	<u>QTY</u>	<u>ITEM</u>	<u>YES/NO</u>	<u>QTY</u>
	<u>NO</u>				
Microphones	___/___	_____	Cassette Tape Deck	___/___	_____
CD Player	___/___	_____	House Sound System	___/___	--
Audio Recording	___/___	_____	General Lighting	___/___	_____
Special Lighting (Specs)	___/___	_____	Follow Spot	___/___	_____
Slide Projector	___/___	_____	Overhead Projector	___/___	_____
Video Projector	___/___	_____	Other: Please specify	--	_____

ADDITIONAL EQUIPMENT

<u>ITEM</u>	<u>YES</u>	<u>NO</u>	<u>QTY</u>	<u>ITEM</u>	<u>YES/NO</u>	<u>QTY</u>
Lectern	___/___	_____	_____	Chairs	___/___	_____
Podium	___/___	_____	_____	Tables (6ft)	___/___	_____
Music Stands	___/___	_____	_____	Choir Risers	___/___	_____
Conductor's Podium	___/___	_____	_____	Band Risers	___/___	_____
				Dance Floor	___/___	_____

PIANO: (Indicate type) Upright Piano _____ Grand Piano _____

Tuning: Date: _____ Time: _____

DRESSING ROOMS

Quantity

One person: _____ (Limit 5 single rooms)

Chorus: _____ (Limit 4 chorus rooms. Please indicate intended capacity of each.)

OTHER NEEDS

Please provide in the space below, any special requests on needs not previously addressed in this questionnaire.

By completing this license questionnaire, the user acknowledges by signing below, receipt of a copy of the *Carl J. Murphy Fine Arts Center at Morgan State University Scheduling and Usage Policies* and agrees to be bound by and adhere to these policies and procedures.

Name: _____

Title: _____

Organization: _____

Date: _____

FAX COMPLETED FORM TO: 443-885-8303