

**City of Los Angeles
Department of Recreation and Parks
Greek Theatre Venue Rental Application**

EVENT INFORMATION

Name of (Title) Event: _____

Purpose/Description of Event: _____

Date (s) (1st Choice): _____ Time: _____

Date (s) (2nd Choice): _____ Time: _____

Date (s) (3rd Choice): _____ Time: _____

Date (s) (4th Choice): _____ Time: _____

Date (s) (5th Choice): _____ Time: _____

Load-in Date and Time(s): _____

Rehearsal Date and Time(s): _____

Tech Date and Time(s): _____

Load-Out Date and Time(s): _____

Anticipated Number of Attendees: _____

CONTACT INFORMATION

Contracting Organization ("Presenter"): _____

Address of Contracting Organization: _____

City: _____ State: _____

Zip: _____

Company Website: _____

Federal ID No.: _____

Entity is a (an): Corporation Partnership Individual

THE GREEK THEATRE
2700 NORTH VERMONT AVENUE
LOS ANGELES, CA 90027
Contact Person: Becky Colwell
Phone Number: (844) 524-7335
Email Address: booking@lagreektheatre.com
www.lagreektheatre.com
Established June 18, 2015
Revised February 17, 2016

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Contracting party must be actively registered with the California Secretary Of State's Office before a contract is issued. Please click on the link to complete registration: www.SOS.CA.GOV

Name of Applicant/Contact: _____

Telephone (main): _____ Telephone (second): _____

Email: _____

Other Pertinent Info/Notes: _____

INSURANCE

Please give below the name and contact information of the insurance firm that will provide insurance coverage including Worker's Compensation and Employer's Liability (including Disability benefits). The Required Insurance and Minimum Limits identifying the requirements and the Instructions and Information on Complying with City Insurance Requirements were included with the General Booking Policy. Please provide both to your insurance agent or broker. The City of Los Angeles requires specific language for the policy, a copy will be provided in the User Agreement at the time of contracting.

Broker's Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ E-mail: _____

ARTIST INFORMATION/REFERENCES

Please list the names of principal participants, artist, performers, or speakers in your program.

Artist 1: _____

Artist 2: _____

Artist 3: _____

Artist 4: _____

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Artist 5: _____

Artist 6: _____

PROMOTER/PRESENTING ENTITY REFERENCES

Please list the names and contact information for three (3) venues where the contracting entity has presented in the past year.

Venue 1: _____

Venue 1 Contact (Name/Phone): _____

Venue 1 Name of Event: _____

Venue 1 Date(s) of Event: _____

Venue 2: _____

Venue 2 Contact (Name/Phone): _____

Venue 2 Name of Event: _____

Venue 2 Date(s) of Event: _____

Venue 3: _____

Venue 3 Contact (Name/Phone): _____

Venue 3 Name of Event: _____

Venue 3 Date(s) of Event: _____

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BANKING INFORMATION

Please give the name of Presenter's current bank, address, phone number, and banking official's contact information.

Name of Bank: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ E-mail: _____

It is hereby agreed to by the person/organization ("Presenter") requesting the use of this venue that no information publicity of any nature relating to the proposed event may be announced or released in any manner until the standard User Agreement is executed between City and Presenter, and the required deposit has been paid. Furthermore, presenter hereby represents a full accurate and complete disclosure of all information has been made and above statements and information are true and correct. Presenter hereby gives permission to the City of Los Angeles Department of Recreation and Parks and its agents to contact any of the above named entities as personal and/or business references.

By (Signature): _____ Today's Date: _____

For [Insert Name of Presenter]: _____

Printed Name: _____

Title: _____

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