

# FOX Theater Event Center Inquiry Form

***\*Form must be completed in full before contract approval\****

Event Date: \_\_\_\_\_ Licensee Name: \_\_\_\_\_

Licensee address: \_\_\_\_\_

Licensee Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Event Start Time \_\_\_\_\_ Event End Time \_\_\_\_\_

# Of Attendees (150 Maximum Capacity): \_\_\_\_\_

Will Food be served for event \_\_\_\_\_

Will Alcoholic Beverages be available for Attendees at the event \_\_\_\_\_

**Security personnel may be required subject to the nature of the type of event and/or use (i.e. alcoholic beverage service, number of attendees, time of day) of the Fox Theater Event Center and with the final determination made by the ownership. If the determination confirms security personnel is required, the services are to be paid for by the Licensee at the time of the contract signing.**

- I understand, acknowledge and agree to the security personnel provisions for use the Fox Theater Event Center.

A government issued ID and major credit card matching the ID are required by the Licensee at the contract signing. The card provided will be charged \$1.00 and then refunded to verify its validity. Additionally, the Licensee is required to be onsite during the event at all times.

- I understand, acknowledge and agree to the ID and Credit Card requirements for use the Fox Theater Event Center.

References are required prior to the signing of the rental contract and failure to submit references will forfeit the contract & offerings unless waived by ownership. ***i.e. current/former landlord and/or employer***

## 1. **Professional Reference**

Name: \_\_\_\_\_

Business/Organization: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## 2. **Professional Reference**

Name: \_\_\_\_\_

Business/Organization: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**\*Rent: \$695 Cleaning Deposit: \$500.00 Included in Rental Fee (8) 5' round tables, (5) banquet tables, (80) chairs**

*Extra Tables = \$10ea Extra Chairs = \$1ea Linens = \$10ea*

Licensee Signature \_\_\_\_\_

Date \_\_\_\_\_

Date Received \_\_\_\_\_ Corporate Initials \_\_\_\_\_