

PROGRESS ENERGY CENTER

FOR THE ARTS

MAHAFFEY THEATER

RENTAL APPLICATION

EVENT DATE(S) REQUESTED _____ DATE OF APPLICATION _____

LESSEE _____
(Specify whether company, corporation, or organization **names**)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

ARE YOU A 501(C) 3 _____ 501(C) 3 # _____

NAME AND TITLE OF PERSON AUTHORIZED TO EXECUTE LEASE AGREEMENT

PHONE _____ E-MAIL _____

EVENT INFORMATION

TYPE OF EVENT (please specify) _____ LOCATION _____
(e.g. concert, theatrical, family show, social/wedding, fundraiser, other) (Stage or Room)

EVENT TIME _____ ATTENDANCE EXPECTED _____
APPROXIMATE LOAD-IN TIME _____

LIST NAMES OF ALL PERFORMERS AND/OR GROUPS: (please attach list if necessary)

LIST AUDITORIUM, ARENAS, AND/OR HALLS WHICH HAVE BEEN LEASED BY APPLICANT WITHIN THE
LAST YEAR (Please attach a list if necessary)

_____ (Contact Person/Phone)

REFERENCES

NAME OF BANK _____ ACCT. OFFICER _____

ADDRESS _____ PHONE/FAX _____

CHECKING ACCOUNT NUMBER _____ SAVINGS ACCOUNT NUMBER _____

SIGNATURE OF APPLICANT _____ DATE _____

BY SIGNING THIS RENTAL APPLICATION YOU AUTHORIZE THE ABOVE NAMED BANKING INSTITUTION TO RELEASE THE REQUESTED INFORMATION TO SMG.

400 First Street South, St. Petersburg, Florida 33701
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