

PERFORMANCE SPACE BASIC PROPOSAL

EHCC/HMoCA

141 Kalakaua St, Hilo HI 96720

PH 808 961 5711

email: admin@ehcc.org



*******\$300 usage fee per performance in theater space*******

Today's Date:

Contact Name:

Title:

Organization:

Tax ID Number:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Cell:

Email:

Performance Date(s):

Times: (Start / Finish)

Load In Date:

Load In Time:

DESCRIPTION OF EVENT:

Detailed Description of the Performance:

Description of Musical Accompaniment (if any and whether live or recorded):

Description of Set :

EHCC can refer you to a sound/light technician if you are unable to provide your own

Type of audience your event will appeal to:

Total expected attendance:

Performance Entry Price (\$) per person:

How will your event benefit EHCC and the Community?

Please add any additional notes/questions/background information:

Printed Name

Signature

Date

Printed Name (EHCC Rep)

Signature (EHCC Rep)

Date
