SF Ballet 2019/2020 Facility Rental Request

Name of Organization:			
Address:			
Contact Person:			
Phone:	E-mail Address:		
Contact Person(s) Attending	g Audition:		
Phone:	E-mail Address:		
The company/organization, If yes, please provide a copy	/school is a 501(c)3 non-p of the IRS Determination	rofit organization. Yes an Letter to receive the non	No -profit room rental rate.
RENTAL DATE AND TIME	-		
	Date	Start Time	End Time
1st Choice			
2 nd Choice			
3 rd Choice			
Estimated # of Participants SCHEDULE: If you plan to	hold auditions for differen	nt groups, please indicate	
Group	Start Time	End Time	Estimated #
organization agrees per hour (or half ho	ill require the use of a □ C s to pay the Pianist directly our). Pianist start & finish	y at the conclusion of the r times:	rental at a rate of \$65.00
fees may apply for r SF Ballet staff to acc organization agrees member on holiday	s to pay SF Ballet at a rate	l audition pianists. If the r if the rental is outside of r of \$50/hour per staff mer Rental payment is due tw	rental requires additional normal operating hours, the
Other requests, comments,	or information:		
Signature			Date
	se complete and submit y San Franci Attn: Yana 455 Franklin Street, San 15) 865-6695 ◆ Fax (415) 86	isco Ballet D. Vincent n Francisco, CA 94102	