

SPACE USAGE APPLICATION

The information you provide in this application will be used strictly to determine an appropriate price quote. Please fill it out in its entirety and return via email to thegreenspace@wnyc.org. If the details of your request change, then the price quote will be adjusted to reflect the modifications.

Any requests for dates, times, and services shall not be deemed confirmed unless a contract and invoice are issued and signed by both parties. This application does not suggest any formal agreement.

Please confirm that you read RENTAL GUIDELINE & TECH SPECS. _____ (Please enter initial)

All renters **MUST** provide **two (2) Certificate of Insurance** documents for your event upon signing contract.

Certificate #1- Naming New York Public Radio as additional insured.

New York Public Radio - The Jerome L. Greene Performance Space, 160 Varick Street, 7th Floor NY, NY 10013
(Sample) <http://media.wnyc.org/media/resources/2012/Jan/09/certificate-liability-insurance.pdf>

Certificate #2- Naming The Rector, Church-Wardens and Vestrymen of Trinity Church in NY as additional insured.

The Rector, Church-Wardens and Vestrymen of Trinity Church in NY, 74 Trinity Place, NY, NY 10006
(Sample) <http://media.wnyc.org/media/resources/2012/Feb/16/WNYC - Sample Certificate of Insurance.pdf>

Please confirm _____ (Please enter initial)

Name of Event: _____

Potential Date(s) of Event: _____

Are you flexible on dates? _____

Organization/Company/Individual Name: _____

Mailing Address: _____

Contact Name: _____ Title: _____

Phone: _____ E-mail: _____

For-Profit Non-Profit – 501 (c)(3) status (please attach the 501 (c)3 form.)

PLEASE NOTE: The organization, company or individual with IRS Determination Letter/proof of non-profit status, contract and both certificate of insurance documents must all be the same name or sponsoring entity.

Event Organizer's Name & Company (if different): _____

Phone: _____ E-mail: _____

DESCRIPTION OF EVENT: Please include a brief summary/description. If you have program order or flow and more detailed information, please submit a document along with this application.

[Redacted area]

TYPE OF EVENT (PLEASE CHECK as many as you can apply)

- Play Dance Classical Concert
- Other Type of Music (Please specify : _____)
- Other Type of Live Performance (Please specify : _____) Rehearsal
- Conference Panel Discussion Class/Lecture
- Film/Video Screening Film or TV Shoot Recording
- Reception Seated Dinner Other (Please specify : _____)
- Live Video Webcast Video Capture Audio Capture

<Please note: Video or audio recording of any kind WITHOUT The Greene Space staffing is strictly prohibited>

Do you own rights to recorded music you will be using for Live Video Webcasting? YES NO

Number of performers/speakers/panelist/lecturer on stage? _____

Number of people/staff (non-audience) in the performance/event? _____

Attendance/Guest Info:

Estimated Amount of Guests expected to attend: _____

Guest List Tickets to be on Sale OTHER: _____

House Seating set-up(Audience Seating set-up) – **PLEASE CHECK:**

- Theater Style (Up to 130 max)
- Standing Room only (200 max)
- Cocktail Style (180 max)
- Other (Please Specify) _____

SCHEDULE (Total of 4 hour minimum)

The Jerome L. Greene Performance Space
44 Charlton Street (at the corner of Varick Street)



Setup (Please estimate minimum 1-hour without catering or 2 hours with catering) includes staff arrival, receiving rental/catering deliveries onsite, artists/guest speakers/panelists arrival, catering Set up, stage set up, space decorations, lighting focus & etc.

Additional hourly charge will be applied if any deliveries are arranged different date/time.

_____ am/pm to _____ am/pm

Sound Check/AV Set up Check
 Please estimate minimum 30 min if you have video or PowerPoint presentation

_____ am/pm

Arrival of Attendee (Lobby Opening)

_____ am/pm to _____ am/pm

Start and End Time of Stage Performance/Presentation/Event

_____ am/pm to _____ am/pm

Reception/post event meeting End (if applies)

_____ am/pm to _____ am/pm

End of Event/Clean out/ Load out (“Strike”)
 Please estimate minimum 1 hour
 All items must be picked up by the end time
Additional hourly charge will be applied if any pick-ups are arranged different date/time.

TOTAL HOURS: _____

Catering: (Please arrange linen service via catering)

Type of Food to be served: _____

Via Caterer

TGS’s list of preferred caterer can be shared upon request.

Alcohol Service:

A TIPS certified bartender is required to be on premises during the entire event.

If caterer is not providing one, TGS MUST provide at a cost. **Please confirm _____** (Initial)

Beer & Wine Only

Please note:

- **A permit from the NYS Liquor Authority is required.** TGS can secure maximum two (one per bar) at a cost. Otherwise it must be arranged through TGS’s preferred caterer. A copy of permit needs to be submitted.

Liquor & Spirits

- **A permit from the NYS Liquor Authority is required and it MUST be secured via TGS’s preferred caterer.** A copy of permit needs to be submitted.

Equipment/Technical Needs (please check)

*: Additional fee or labor may added to estimate.

*Microphones How many? Wired _____ /Wireless _____ (Limited number is available)

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- Music Stands/Lights (How many _____) (Limited number is available)
- Chairs on stage (How many _____)
- Musician Chairs (How many _____) (Limited number is available)
- High Chairs on stage (How many _____) (Limited number is available)
- Table on stage (Purpose: _____ How many _____)
- Podium
- *Piano (How many tuning? _____) Drum Kit
- *110" Projector & Screen on stage 60" HD TV Monitor on stage
- CD/DVD Playback (please provide 2 copies of your media)
- *Computer for PowerPoint or Video
- Folding Table (Purpose _____ How many _____)
- Coat Rack
- *Rental Equipment you are arranging (please specify)

Other furniture/equipment you are planning to use:

Signature of Event Organizer DATE

PRINT NAME Title/Organization