

## 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](mailto: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)

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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](http://media.wnyc.org/media/resources/2012/Feb/16/WNYC_-_Sample_Certificate_of_Insurance.pdf)

Please confirm \_\_\_\_\_ (Please enter initial)

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**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.

**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      (150 max)
- Other (Please Specify)      \_\_\_\_\_
- \_\_\_\_\_

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



**SCHEDULE (Total of 4 hour minimum)**

<p>_____ am/pm to _____ am/pm</p> <p>_____ am/pm to _____ am/pm</p> <p>_____ am/pm</p> <p>_____ am/pm to _____ am/pm</p> <p>_____ am/pm to _____ am/pm</p> <p>_____ am/pm to _____ am/pm</p>	<p>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 &amp; etc.</p> <p><b><u>Additional hourly charge will be applied if any deliveries are arranged different date/time.</u></b></p> <p>Sound Check/AV Set up Check          Please estimate minimum 30 min if you have video or PowerPoint presentation</p> <p>Arrival of Attendee (Lobby Opening)</p> <p>Start and End Time of <u>Stage</u> Performance/Presentation/Event</p> <p>Reception/post event meeting End (if applies)</p> <p>End of Event/Clean out/ Load out (“Strike”)          Please estimate minimum 1 hour          All items must be picked up by the end time  <b><u>Additional hourly charge will be applied if any pick-ups are arranged different date/time.</u></b></p>
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**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.

**The Jerome L. Greene Performance Space**  
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- \*Microphones      How many? Wired \_\_\_\_\_ /Wireless \_\_\_\_\_ (Limited number is available)
- 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 \_\_\_\_\_)
- Lectern
- \*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)

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Other furniture/equipment you are planning to use:

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Signature of Event Organizer      DATE

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PRINT NAME      Title/Organization