

## **SPACE USE REQUEST**

Primary Contact Name:
Contact Phone:
Contact Email:
Are you renting on behalf of an organization/company or as an individual?
□ Individual
☐ Organization/Company   Name of Organization/Company
Meeting Type: ☐ Single/One-time Event ☐ Recurring Event
Event/Meeting Name:
Total Anticipated Participants:
Description – Please describe the purpose of the event, including target audience and setup plans if applicable. Include frequency if you selected "recurring" and any other information that will help us when finding space for your event/meeting.
First Choice Date:/ Second Choice Date:/
Start Time: End Time:
Do you need additional time for set-up and/or break-down? ☐ Yes ☐ No
Will media or photographers be present? ☐ Yes ☐ No
Do you need A/V or other equipment? ☐ Yes ☐ No
Places submit via amail to actors@mizell are or drap off at the Mizell labby front dock

Please submit via email to <a href="mailto:ectors@mizell.org">ectors@mizell.org</a> or drop off at the Mizell lobby front desk. Submission of this request does not constitute a reservation. Please submit with as much advance notice as possible.