



APPLICATION

Thank you for your interest in the Portland's Centers for the Arts. Completing and submitting this application is the first step in the booking process.

Please fill out the below information and return to booking@portland5.com.

PRESENTER		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE	EMAIL	
PERSON AUTHORIZED TO SIGN CONTRACT		

Is Your Organization: Commercial Non-Profit (Attach a copy of your 501(c)(3) designation form.)

EXACT TITLE OF EVENT/PERFORMANCE
TYPE OF SHOW (E.G. VARIETY, MUSIC, DANCE, ECT.)
DATE(S) OF SHOW

Theatre Preference: Keller Auditorium Arlene Schnitzer Concert Hall
 Newmark Theatre Dolores Winningstad Theatre Brunish Theatre

Will your event be ticketed: Yes No Open to the public: Yes No

Please provide a brief description of your event.

FACILITY REFERENCES Please provide the contact information for three venues which have been rented by your company **in the past twelve months**.

FACILITY NAME/ADDRESS		
CITY	STATE	
CONTACT NAME	PHONE	EMAIL
FACILITY NAME		
CITY	STATE	
CONTACT NAME	PHONE	EMAIL
FACILITY NAME		
CITY	STATE	
CONTACT NAME	PHONE	EMAIL

APPLICANT

DATE

For office use only:

APPROVED <input type="radio"/> YES <input type="radio"/> NO	PORTLAND'S BOOKING CONTACT	DATE
	DIRECTOR OF PROGRAMMING, BOOKING & MARKETING	DATE