

NEIGHBORHOOD THEATRE

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Please complete the questions below and return to us by mail, email or fax.

Name _____ Date _____

Contact Phone Number _____

Email Address _____

• What is the event? _____

• Date or dates of the event: _____

• Do you have an alternate date? _____

• What is your event budget? _____

• What time will you open doors? _____

• Length of time you will need the venue? _____

• Is the event public or private? _____

• If public, what will be your ticket price? _____

• Expected occupancy: _____

• What age group do you expect? _____

• If you are planning live music, what are the production requirements of the band? Please include the band's rider.

• Band Name(s) _____

• What type of music? _____

• Audio/Video requirements: _____

• Lighting requirements: _____

• Other: _____

Theatre Notes: _____
