

Liberty Performing Arts Theatre

LPAT.org • 1600 S Withers Rd, Liberty, MO 64068

Date Request Form

- When we receive this **fully complete** form, we will 1) mark your requests as “Pending” on the LPAT calendar, and 2) mail you an LPAT Use License.
(This form is *not* a contract. There is no obligation with it. It is simply a written record of your request and your contact information.)
- To fully reserve dates, we must receive a completed License by its due date, along with a Reservation Deposit. If *not* received, the “Pending” dates are simply removed from the calendar.

GENERAL INFORMATION

Requested Schedule for Your Event		Type of Event <i>(check all that apply):</i>																	
<u>Date(s):</u>	<u>Desired Usage:</u>	<input type="checkbox"/> Concert	<input type="checkbox"/> Play																
	<input type="checkbox"/> full day <input type="checkbox"/> ½ day early <input type="checkbox"/> ½ day late	<input type="checkbox"/> Musical	<input type="checkbox"/> Dance																
	<input type="checkbox"/> full day <input type="checkbox"/> ½ day early <input type="checkbox"/> ½ day late	<input type="checkbox"/> Meeting	<input type="checkbox"/> Recital																
	<input type="checkbox"/> full day <input type="checkbox"/> ½ day early <input type="checkbox"/> ½ day late	<input type="checkbox"/> Festival	<input type="checkbox"/> Showcase																
	<input type="checkbox"/> full day <input type="checkbox"/> ½ day early <input type="checkbox"/> ½ day late	<input type="checkbox"/> Ceremony	<input type="checkbox"/> Competition																
	<input type="checkbox"/> full day <input type="checkbox"/> ½ day early <input type="checkbox"/> ½ day late	<input type="checkbox"/> Pageant	<input type="checkbox"/> Rehearsal																
	<input type="checkbox"/> full day <input type="checkbox"/> ½ day early <input type="checkbox"/> ½ day late	<input type="checkbox"/> Other _____																	
½ day early = exiting before 2:30pm ½ day late = entering after 3:30pm		Brief Description of Activities: _____ _____																	
Name/Title of Your Event: _____ Entity Presenting this Event Name: _____ <input type="checkbox"/> this is an organization <input type="checkbox"/> this is an individual Address: _____ _____ Phone 1: _____ Phone 2: _____ Fax: _____ Web Site: _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Admission:</th> <th style="width: 50%;">Level of Publicity: <i>(check one)</i></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> No charge</td> <td><input type="checkbox"/> Private event, no public ads</td> </tr> <tr> <td><input type="checkbox"/> Entry fees to participants</td> <td><input type="checkbox"/> No ads or few ads, but the public is allowed</td> </tr> <tr> <td><input type="checkbox"/> Pay at door</td> <td><input type="checkbox"/> Small ad budget (under \$500)</td> </tr> <tr> <td><input type="checkbox"/> Patrons buy tickets/passes</td> <td><input type="checkbox"/> Medium ad budget (over \$500)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Strong ad budget (over \$1000)</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Promotion Methods <i>(check all that apply):</i></th> </tr> </thead> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Word-of-mouth campaigns <input type="checkbox"/> By-hand delivery (posters, newsletters, bulletins, flyers, etc) <input type="checkbox"/> Direct mail delivery (letters, postcards, mailers, etc) <input type="checkbox"/> Email messages </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Press releases to the media <input type="checkbox"/> Web site ads <input type="checkbox"/> Print ads (newspapers, magazines, trade journals, etc.) <input type="checkbox"/> Radio ads <input type="checkbox"/> Television ads <input type="checkbox"/> Other _____ </td> </tr> </tbody> </table>		Admission:	Level of Publicity: <i>(check one)</i>	<input type="checkbox"/> No charge	<input type="checkbox"/> Private event, no public ads	<input type="checkbox"/> Entry fees to participants	<input type="checkbox"/> No ads or few ads, but the public is allowed	<input type="checkbox"/> Pay at door	<input type="checkbox"/> Small ad budget (under \$500)	<input type="checkbox"/> Patrons buy tickets/passes	<input type="checkbox"/> Medium ad budget (over \$500)		<input type="checkbox"/> Strong ad budget (over \$1000)	Promotion Methods <i>(check all that apply):</i>		<input type="checkbox"/> Word-of-mouth campaigns <input type="checkbox"/> By-hand delivery (posters, newsletters, bulletins, flyers, etc) <input type="checkbox"/> Direct mail delivery (letters, postcards, mailers, etc) <input type="checkbox"/> Email messages	<input type="checkbox"/> Press releases to the media <input type="checkbox"/> Web site ads <input type="checkbox"/> Print ads (newspapers, magazines, trade journals, etc.) <input type="checkbox"/> Radio ads <input type="checkbox"/> Television ads <input type="checkbox"/> Other _____
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How Did You Hear About Us: <input type="checkbox"/> We are a past LPAT client <input type="checkbox"/> From another LPAT client _____ <input type="checkbox"/> LPAT website <input type="checkbox"/> _____																			

WHO WILL SIGN THE LICENSE?

If you checked “Organization” above:

Which officer will sign the License?

President Owner Treasurer
 Board Member _____

Officer’s name: _____

Business tax ID*: _____
(required)

* This number can be found on line “b” of the W-2 forms prepared for your employees; also called the EIN (Employer ID Number) or TIN (Tax ID #)

If you checked “Individual” above:

Name: _____

Address: _____

Phone: _____

Email: _____

Tax ID (SSN#): _____
(required)

PRIMARY CONTACT PERSONS

<p align="center">Contact Person #1</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Cell: _____</p> <p>Email: _____</p> <p>Relationship to Organization: <input type="checkbox"/> owner <input type="checkbox"/> staff <input type="checkbox"/> officer <input type="checkbox"/> member <input type="checkbox"/> volunteer <input type="checkbox"/> vendor</p>	<p align="center">Contact Person #2</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Cell: _____</p> <p>Email: _____</p> <p>Relationship to Organization: <input type="checkbox"/> owner <input type="checkbox"/> staff <input type="checkbox"/> officer <input type="checkbox"/> member <input type="checkbox"/> volunteer <input type="checkbox"/> vendor</p>
<p align="center">Contact Person #3</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Cell: _____</p> <p>Email: _____</p> <p>Relationship to Organization: <input type="checkbox"/> owner <input type="checkbox"/> staff <input type="checkbox"/> officer <input type="checkbox"/> member <input type="checkbox"/> volunteer <input type="checkbox"/> vendor</p>	<p align="center">Contact Person #4</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Cell: _____</p> <p>Email: _____</p> <p>Relationship to Organization: <input type="checkbox"/> owner <input type="checkbox"/> staff <input type="checkbox"/> officer <input type="checkbox"/> member <input type="checkbox"/> volunteer <input type="checkbox"/> vendor</p>
<p align="center">Contact Person #5</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Cell: _____</p> <p>Email: _____</p> <p>Relationship to Organization: <input type="checkbox"/> owner <input type="checkbox"/> staff <input type="checkbox"/> officer <input type="checkbox"/> member <input type="checkbox"/> volunteer <input type="checkbox"/> vendor</p>	<p align="center">Contact Person #6</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Cell: _____</p> <p>Email: _____</p> <p>Relationship to Organization: <input type="checkbox"/> owner <input type="checkbox"/> staff <input type="checkbox"/> officer <input type="checkbox"/> member <input type="checkbox"/> volunteer <input type="checkbox"/> vendor</p>

AREAS OF OVERSIGHT FOR EACH CONTACT PERSON ABOVE

(place a mark in each applicable box)

<i>Contact Person #</i>	1	2	3	4	5	6	<i>Contact Person #</i>	1	2	3	4	5	6
Executive Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ticketing/Box Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production Schedule / Timing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audience/Patron Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deposits & Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing/Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Request made by: _____

Today's date: _____

Fax this Request to 816-439-4377

(or, mail to the address below)

1600 S. Withers Road, Liberty, MO 64068-4604 www.LPAT.org
 816-439-4373 fax: 816-439-4377 E-mail: pmiller@ci.liberty.mo.us