



# JEAN & PAUL AMOS PERFORMANCE STUDIO

## REQUEST FOR SERVICES FORM

Today's Date: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Title: \_\_\_\_\_

Host Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

### Event Type

Concert/Performance     Seminar/Expo     Soundstage     Other

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Estimated No. of Participants: \_\_\_\_\_ Estimated Audience: \_\_\_\_\_

### Tickets & Ushers

*A paid house manager is required for all events.*

Will tickets be sold for this event?     Yes     No

If yes:     General Admission     Reserved Seating

Contact Phone/Website for Tickets: \_\_\_\_\_

Are ushers requested for event?     Yes     No

Will ushers hand out materials?     Yes     No

Will ushers save leftover materials?     Yes     No

Amateur photography permitted?     Yes     No

Video/audio recording permitted?     Yes     No

### Public Access

Time lobby opens to public: \_\_\_\_\_ Time studio opens to public: \_\_\_\_\_

Late Seating:     Continuous     Between Acts     Intermission Only     None

No. of Intermissions: \_\_\_\_\_ Length of Intermissions: \_\_\_\_\_

### Dressing Rooms/Green Room

Will the Green Room be required?     Yes/No. of People: \_\_\_\_\_     No

If yes, date(s) needed: \_\_\_\_\_ Time Period: \_\_\_\_\_

### Lobby/Red Room (Breakout Room)

Will the lobby area be utilized?     Yes     No

If yes, for what purpose? \_\_\_\_\_

No. of 6' tables needed: \_\_\_\_\_ No. of chairs needed: \_\_\_\_\_

Setup Description: \_\_\_\_\_

Will the Red Room be utilized?     Yes     No

If yes, for what purpose? \_\_\_\_\_

No. of 6' tables needed: \_\_\_\_\_ No. of chairs needed: \_\_\_\_\_

Setup Description: \_\_\_\_\_

Will merchandise\* be sold?     Yes     No

If yes, what items? \_\_\_\_\_

*\*NOTE: Prior approval from the Pensacola State College District Board of Trustees is required for selling merchandise on campus.*

**Staging**

Requesting a stage?  Yes  No

If yes, describe staging needs? \_\_\_\_\_

*Note: Price will be determined based on the complexity of stage setup.*

If no, will you be bringing/constructing your own stage?  Yes  No

**Lighting**

Requesting lighting other than basic room illumination?  Yes  No

If yes, a lighting director will be assigned entailing additional charges.

**Audio/Visual**

Will A/V equipment be used?  Yes  No

Please check required equipment and provide quantities needed:

Over-Ear Vocal Mics \_\_\_\_\_  Wireless Lav Mics \_\_\_\_\_  Wireless Handheld \_\_\_\_\_

Instrument Mics \_\_\_\_\_  Drop Mics \_\_\_\_\_  Stage Monitors \_\_\_\_\_

Microphone Stands \_\_\_\_\_  6k Lumen Projector/Screen

Please describe A/V requirements: \_\_\_\_\_

**Instruments**

Will musical instruments be used?  Yes  No

Please describe instrumental requirements: \_\_\_\_\_

*Note: WSRE PBS has one concert grand piano in-house. Use requires \$135 tuning charge.*

**Video Production**

Will video production be required?  Yes  No

If yes, a separate estimate will be provided for personnel, production and post-production.

**Sales Tax**

Facility use/rental is subject to Florida sales tax. If exempt, you must provide a copy of your current Florida sales tax exemption certificate to WSRE PBS at the time your contract is signed.

**Thank you for your interest in booking the WSRE PBS Amos Studio for your event!**

Please sign, date and submit this form to [jhubbs@wsre.org](mailto:jhubbs@wsre.org). A station representative will contact you about your event and to provide an estimate for studio rental and related services.

I agree that the information listed on this form adequately details requirements for our event(s), and I have received a copy of the Studio Rental rates and policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, contact:  
Jill Hubbs, WSRE PBS General Manager  
[jhubbs@wsre.org](mailto:jhubbs@wsre.org)  
850-484-1236

**FOR WSRE PBS OFFICE USE ONLY**

Routing Date: \_\_\_\_\_  Engineering  Production  Ushers

Contract Fee: \_\_\_\_\_ Deposit: \_\_\_\_\_ Date Deposit Received:

\_\_\_\_\_ Date Certificate of Liability Received: \_\_\_\_\_ Date Final Bill Sent:

\_\_\_\_\_ Business Office Notes:

\_\_\_\_\_  
\_\_\_\_\_