



Booking Request Form
(PLEASE USE ONE REQUEST FORM PER EVENT)

Organization: _____ Contact Name: _____

Address: _____

Date of Request: _____ Phone: _____ Fax: _____

Name of Event: _____

PREFERRED CHOICE

Date(s) of Event:	
Load-in, Rehearsal and Load-out dates if needed:	
Theatre:	

SECOND CHOICE

Date(s) of Event:	
Load-in, Rehearsal and Load-out dates if needed:	
Theatre:	

THIRD CHOICE

Date(s) of Event:	
Load-in, Rehearsal and Load-out dates if needed:	
Theatre:	

 <p>ALASKA CENTER FOR THE PERFORMING ARTS</p>	<p>Cindy Hamilton Director of Client Services</p> <p>(907) 263.2919 chamilton@alaskapac.org</p>
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