The Kennedy Center

The John F. Kennedy Center for the Performing Arts

This application is required to be filled out in full for review and consideration of availability and cost estimate.
If any fields are missing, your application will be returned and requested to be completed before review.

Rental Request Application

Theater Requested: Choose Theater

Date(s) Requested:

Alternate Date(s):

Terrace Theater: Max Stage Capacity 40 | Max Backstage Capacity 55
Family Theater: Max Stage Capacity 30 | Max Backstage Capacity 18

Contact Information

Name of Presenter:

Contact Person:

Address of Presenter:

Telephone:

Fax:

E-Mail:

Name and Title of Person Signing Contract (if different)

Telephone:

Fax:

E-mail:

Presenter is a/an:

☐ Non-Profit Organization (please include copy of status letter from the federal government)

☐ Corporation (Commercial Entity)

☐ Individual

☐ Other (please describe with attached documentation)

Federal Identification Number:

State in which Corporation is Incorporated:

Name of President:

Financial Officer:

Social Security Number (for individuals):

Please attach any additional information pertinent to your presentation, including audio or video recordings, photographs, reviews, etc.

Reception Rental Spaces

Would you like to have a reception? ☐ Yes ☐ No

Is this event intended to serve as a fundraiser for the presenter or another organization? ☐ Yes ☐ No

Venue References (must include at least two; may include more on separate pages)

Name of Venue:

Date of Last Performance:

Contact Person:

Telephone/E-mail:

Name of Venue:

Date of Last Performance:

Contact Person:

Telephone/E-mail:

Banking Information

Name of Presenter's current banking institution:

Address:

Telephone:

Fax:

Name and Title of Bank Official as Reference:

Insurance Information

Each Presenter is required to fully insure itself, its officers, directors, employees, agents, and presentations, at its own expense, for Worker's Compensation and Employer's Liability (including disability benefits), Comprehensive General Liability (personal injury, including bodily injury, $1,000,000 per occurrence; and property damage, $100,000 per occurrence), Theft and Fire Insurance (with the applicable standard extended coverage clause) for all properties brought into or used in the Kennedy Center building, including without implied limitation the property of third persons under the control of the Kennedy Center or the Presenter. In lieu of the obligation to provide Comprehensive General Liability coverage, Presenter may purchase Kennedy Center's User's Liability coverage for a fee.

Presenter has insurance: ☐ Yes ☐ No

Name of Insurance Firm:

Address:

Telephone:

Fax:

Contact Person:

General Liability Policy Number:

Policy Effective Date:

Policy Expiration Date:

Presenter has Workers' Compensation Insurance ☐ Yes ☐ No

Please attach any additional information pertinent to your presentation, including audio or video recordings, photographs, reviews, etc.

Workman's Compensation

Policy Number:

Policy Effective Date:

Policy Expiration Date:

Program Information

Please include program information in detail (i.e., type of performance, number of performers, conductor, artist(s), repertoire/works etc.) including instrumentation (if appropriate) for each work. Use additional pages if necessary. License Fee is based on single 2½ hour performance and is inclusive of Theater Manager, Box Office Services (including Will Call), and Digital Program. Longer performances will have additional fees.

Good Example:
5-6 Artists included. Quartet, Dance (modern), orchestra with 10 pieces and vocal performance, anticipate 20 artists with Emcee for the evening at lectern.

Not enough information:
Piano Concert.
Variety Show.

Approximate Length of Program including Intermissions

First Half: Intermission: Second Half:

Technical Needs – Please Note That Not All Equipment Is Available In All Theaters:

Equipment/Instruments to be provided by Client.

Keyboard Needs

☐ Piano ☐ Organ

Sound Equipment Needs

Lighting Needs

Please attach any additional information pertinent to your presentation, including audio or video recordings, photographs, reviews, etc.

Other Technical Requirements

Recordings (Equipment to be provided by Client)

Please check all that apply

☐ Audio ☐ Video ☐ Photo

Please indicate the purpose(s) of recordings

☐ Archival ☐ Live Streaming ☐ B-Roll Footage ☐ Broadcast (including internet) ☐ Promotional (including internet)

Duration of Capture (Hours):

Additional Recording Comments

Accessibility Requirements

This event will be (please check all that apply):

☐ Sign Language Interpreted ☐ Audio Described ☐ Captioned

☐ Large Print programs are available for free.

Rehearsal Room Requests (subject to availability and fees)

Date	Time Needed	For What Purpose	How Many Participants
	Start: End:		
	Start: End:		
	Start: End:		

Proposed Schedule – The Kennedy Center Employs IATSE Stagehands. IATSE Rules Apply In All Theaters.

Rentals times are 8:00am – 11:59pm. Times may vary by Theater. Check standard start times online.

Load-In Time:

Technical Rehearsal Time:

Artistic Rehearsal Time:

Performance Time Start:

Performance Time End:

Load-Out Time:

Please attach any additional information pertinent to your presentation, including audio or video recordings, photographs, reviews, etc.

Presenter Production Staff – If these positions are not currently hired, the Kennedy Center can provide recommendations.

Production Manager	Name:	Email:
Stage Manager	Name:	Email:
Lighting Designer	Name:	Email:
Scenic Designer	Name:	Email:
Additional Staff	Name:	Email:

Tickets

This event will be:

- ☐ For Public Sale
- ☐ By Invitation Only
- ☐ Free (tickets required)
- ☐ Other (please explain in attached documentation)

It is hereby agreed to by the person/organization (Presenter) requesting the use of a theater that no information or publicity of any nature relating to the proposed event may be announced or released in any manner until the standard license agreement is executed by the Kennedy Center and the Presenter and the required deposit has been paid.

Furthermore, the Presenter hereby represents that a full, accurate, and complete disclosure of all information has been made and that the above statements and information are true and accurate.

Prepared And Agreed To By:

Signature: _____

Name and Title: _____

Contact number (if not listed previously): _____

Date: _____

Please return this request and all supporting materials to:

Campus Rentals Office
CampusRentals@kennedy-center.org

The John F. Kennedy Center for the Performing Arts
PO Box 58100
Washington, DC 20037-9997

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