

# The Black Academy of Arts and Letters, Inc.



## FACILITY USAGE INQUIRY FORM

Today's Date \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Telephone Numbers

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Program Name \_\_\_\_\_

(Check Appropriate)

Program Type:  Performance  Meeting  Wedding  Concert  
 Graduation  Play  Conference  Reception  
 Workshop  Seminar  Fashion Show  Other

If Other, please list: \_\_\_\_\_

Program Time: From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

Set up Time Needed: From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

1<sup>st</sup> Date Choice \_\_\_\_\_

2<sup>nd</sup> Date Choice \_\_\_\_\_

Expected Attendance \_\_\_\_\_

Room or Venue Choice:  Naomi Bruton Theatre  Clarence Muse  
 T203  T204  T312-313  T314  
 Lobby, 1<sup>st</sup> Level  Lobby, 2<sup>nd</sup> Level  Kitchen

Cash Bar: Yes \_\_\_\_\_ No \_\_\_\_\_

Catering: Yes \_\_\_\_\_ No \_\_\_\_\_

Ticketed Program: Yes \_\_\_\_\_ No \_\_\_\_\_

Need Cost Estimate? Yes \_\_\_\_\_ No \_\_\_\_\_

(Please email to [facilityusage@tbaal.org](mailto:facilityusage@tbaal.org) or fax to 214-743-2451)