

BUILDING USER REQUEST FORM

Municipal Arts Center
1119 5th Street SW
Suite A
Charlottesville, Virginia 22902
Phone: 434 295-9850
Email: municipalband@enmbarqmail.com

Name of Group: _____

Address: _____

Contact Person: _____

Mailing Address: _____

Telephone Number: __ H: _____ C: _____

Email address: _____

Nature of Event: _____

Area Requested: _____ No. of People Expected: _____

Date(s): _____ Hours: (Beginning and Ending) _____

Please check below items need for your event(s);

____ Number Chairs

____ Number Folding Tables

____ Number Music Stands

____ Piano (extra charge applies)

____ Internet Access (extra charge applies)

____ Digital Projector / Screen / Cart (extra charge applies)

____ Other: (Specify) _____

Please mail this form and other requested forms in your Building User Packet to:

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