

APPLICATION



Thank you for your interest in the Portland Center for the Performing Arts. Completing and submitting this application is the first step in the booking process. Completion and approval of this application will then be followed by a formal Limited License Agreement (contract).

Please provide required information and return to: Booking & Sales Department, Portland Center for the Performing Arts, 1111 SW Broadway, Portland, OR 97205. If you have questions, please call 503-274-6557 or 503-796-6513.

PRESENTER		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE	FAX	
EMAIL		
PERSON AUTHORIZED TO SIGN CONTRACT		

Is Your Organization: Commercial Non-Profit (ATTACH A COPY OF YOUR 501(C)(3) DESIGNATION FORM.)

EXACT TITLE OF EVENT/PERFORMANCE
TYPE OF SHOW (I.E. VARIETY, MUSIC, DANCE, ECT)
DATE(S) OF SHOW

Theatre Preference: Keller Auditorium Arlene Schnitzer Concert Hall
 Newmark Theatre Dolores Winningstad Theatre Brunish Hall

Will your event be ticketed: Yes No Open to the public: Yes No

Please provide a narrative describing your event with as much detail as possible:

FACILITY REFERENCES: Please provide the contact information for at least two venues which have been leased by your company in the past twelve months.

FACILITY NAME/ADDRESS	
CITY	STATE
CONTACT NAME	PHONE

FACILITY NAME	
CITY	STATE
CONTACT NAME	PHONE

FACILITY NAME	
CITY	STATE
CONTACT NAME	PHONE

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FACILITY REFERENCES Please provide the contact information for at least two venues where you will be presenting this attraction before the date in our facility.

FACILITY NAME/ADDRESS	
CITY	STATE
CONTACT NAME	PHONE

FACILITY NAME	
CITY	STATE
CONTACT NAME	PHONE

FACILITY NAME	
CITY	STATE
CONTACT NAME	PHONE

FINANCIAL REFERENCE Bank Reference

ACCOUNT NAME ACCOUNT NUMBER		
BANK/BRANCH	PHONE	FAX

FINANCIAL REFERENCE Credit Reference

CREDITOR		
CONTACT PERSON	PHONE	FAX

The above information must be provided in full and verified before a Limited License Agreement can be initiated. It is understood that the Director of the Portland Center for the Performing Arts may or may not grant approval of the request set forth above. Applicant hereby represents that he/she has made a full and complete disclosure of all information which might be pertinent to the consideration of this presenter application and that all of the statements and information are true and correct. By signing below, applicant hereby authorizes appropriate banking/lending/savings institutions to release applicable account information to the Portland Center for the Performing Arts.

APPLICANT

DATE

For office use only:

APPROVED <input type="radio"/> YES <input type="radio"/> NO REASON:	PCPA STAFF CONTACT	DATE
	PCPA SALES & TICKET SERVICES MANAGER	DATE
	PCPA FACILITY DIRECTOR	DATE