



Westhampton Beach
Performing
Arts Center

Rental Application Form

*Please note: All information MUST be completed in full before the request will be considered.
We cannot accept of begin servicing your request without thorough information.*

ORGANIZATION INFORMATION

Contact Person(s): _____

Organization: _____ Date Filed: _____

Physical Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone Number Cell: _____ Other: _____

Email Address: _____

EVENT INFORMATION

Name of the Event/Artist: _____

Event Date: _____ Event Start Time: _____ Approx. End Time: _____

Requested Access Time: _____ Expected Exit Time: _____

Please describe your event including all special requirements/technical needs (attach additional sheets/artist riders if applicable): _____

Admission Price(s): \$ _____

Contact Signature: _____ Date: _____

For WHB PAC use – Date Received: _____ Approved by: _____