



## 2014 BENEFIT PERFORMANCE APPLICATION

### CONTACT INFORMATION

Organization Name	
Contact Name	
Email Address	
Street Address	
City/State/Zip	
Work Phone	
Number of employees	
Number of volunteers and/or board members	

### ORGANIZATIONAL INFORMATION/HISTORY

Please briefly describe your organization's mission.

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What kinds of previous special events and fundraisers has your organization hosted to raise money? If you haven't hosted special events, what are the other ways the organization has raised money?

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Do you have a volunteer force who can sell the tickets? (Circle One)      **YES**      **NO**

If Yes, how will you go about selling them through volunteers?

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How will you get the word out about your event?

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Have you ever hosted a benefit performance at Horizon? (Circle One)      **YES**      **NO**

If Yes, please list the following information for the past performances you have hosted:

Title of Play	Number of Tickets Requested	Number of Tickets Sold

**PERFORMANCE INFORMATION**

Shows available for benefit performances are:

***The Book Club Play by Karen Zacarías***

- Tuesday, January 14, 2014 at 8PM
- Wednesday, January 15, 2014 at 8PM

Title of Play Requested		
Date Requested	1 <sup>st</sup> choice:	2 <sup>nd</sup> choice:
Reason for selecting play (theme, time of year, etc.)		
# of tickets* requested		
Price you will sell each ticket	\$	
Will you host a reception before or after the performance? (Circle one)	BEFORE	AFTER      NEITHER

\* Minimum 50 – Maximum 165. Each ticket requested is \$5.00. Please realistically asses your ability to sell the number of tickets your request. Your invoice will be generated from the total number of tickets requested, regardless of how many are actually sold. Additional tickets may be requested if needed pending availability.

# of Tickets Requested (from line above) \_\_\_\_\_ X \$5.00 = \$\_\_\_\_\_

**AGREEMENT AND SIGNATURE**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that, upon approval of this application, my organization will become financially obligated for the amount above and that payment will be due upon delivery of the tickets to my organization.

Name (printed)	
Signature	
Date	

**SUBMISSION**

Please submit this form for desired performance to by fax at 404.584.8815 or by email at [marketing@horizontheatre.com](mailto:marketing@horizontheatre.com) For more information please call 404.523.1477 ext 111.