



DEPARTMENT OF ARTS EDUCATION Performance Request Form

We ask that requests be made 4 weeks in advance to allow for adequate preparation to ensure a high quality performance at your event.

Date Request Received	
Organization	
Date of Event	
Title of Event	
Venue of Event	
Venue Address	
Event Start Time	
Event Arrival Time	
Load-in Location (Entrance Door)	
Parking Location (see note below)	
Contact Name	
Contact #	
Contact Email/Fax	
Ensemble(s) Requested	

<i>For Office Use Only</i>
Departure Time:
Transportation Requirement(s):
Transportation Provider:
Date(s) of Planning Meeting(s):
Venue Walk-thru:
Technical Requirement(s):

Note: *Client is responsible for any parking fees incurred.*

Please email or fax this request form to:
Candice Murray, All-City Arts Program Manager
cmsd_acde@yahoo.com
Questions: (216) 780-6524 Fax: (216) 858-6476
Website: www.cmsdnet.net/artseducation/

*****Allow a minimum of 72 hours for a confirmation*****

*The primary goal of the Cleveland Metropolitan School District is to become
a premier school district in the United States of America.*