Booking Request Form

(PLEASE USE ONE REQUEST FORM PER EVENT)

Organization: ________________________________ Contact Name: ________________________________

Address: ___________________________________________________________________________________________

Date of Request: ________________________ Phone: _____________________ Fax: _____________________

Name of Event: _______________________________________________________________________________

PREFERRED CHOICE

Date(s) of Event: ________________________________

Load-in, Rehearsal and Load-out dates if needed:

Theatre: ______________________________________

SECOND CHOICE

Date(s) of Event: ________________________________

Load-in, Rehearsal and Load-out dates if needed:

Theatre: ______________________________________

THIRD CHOICE

Date(s) of Event: ________________________________

Load-in, Rehearsal and Load-out dates if needed:

Theatre: ______________________________________

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