**PLEASE TYPE OR PRINT CLEARLY IN CAPITAL LETTERS**

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| **Registered Name of Company /**  **Individual’s name** as in NRIC or Passport:  Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **UEN** (for company):  Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Address:**  Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Hire Type:** | Private Hire  NGO/Non-Profit | | Arts General  Arts Non-Profit   (Non-profit arts company incorporated in Singapore) | | | | |
| **Contact Person:** Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Mobile:** Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **E-Mail:** Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Phone:** Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Name of Event:**  Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Type of Event:**  Theatre  Musical | Concert  Graduation | Dance  Filming/Recording | | Wedding  Conference/Seminar  Others: Click here to enter text. | | | |
| **Variable Services:**  Di.GT.al Initiative | Archival  Recording  Livestreaming | - Package:  - Package:  - Package: | | A1 (1 Cam)  R1 (1 Cam)  L1 (2 Cam) | | | A2 (2 Cam)  R2 (2 Cam)  L2 (3 Cam) |
| **Venue(s) Required:** | | | | | | | |
| Theatre  Black Box | Gallery  Sky Garden | Dance Studio  Studio 1 | | Studio 2  Studio 3 | | | Recording  Studio |
| **Date(s) and time of set-up, rehearsal, and event** (please list down all dates):   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Activities | Date | | Time | | | From | To | From | To | | Click here to enter text. | Click to enter a date. | Click to enter a date. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click to enter a date. | Click to enter a date. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click to enter a date. | Click to enter a date. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click to enter a date. | Click to enter a date. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click to enter a date. | Click to enter a date. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click to enter a date. | Click to enter a date. | Click here to enter text. | Click here to enter text. | | | | | | | | |

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| **Synopsis** |
| |  | | --- | | Click here to enter text. | |
| ***MDA rating*** (if applicable)—Please state clearly the rating given and reasons for the rating:    *\*If your show has yet to be rated, please state the expected date of receipt of MDA rating.* |
| Please submit your current script, or video recording of past event:  Script  Video Recording  Not Applicable |
| Do you intend to sell tickets?  Yes  No |
| **How did you know about us?**  I attended an event here  Google Search  Social Media  I saw an advertisement  I received an email from you  Client referral  Others: |
|  |
| **Acknowledgement**  I, the undersigned, verify that the above information is accurate and I understand that this venue request form does not in any way constitute an agreement. I consent to allow Gateway Theatre to collect, use, disclose and /or process my personal data for my/our interest at Gateway Theatre. I also agree to the terms stated in the Data Protection Policy and confirm that all information provided is accurate and complete. |
| |  |  |  | | --- | --- | --- | | Click here to enter text. |  | Click here to enter text. | | Name & Signature |  | Date | | Thank you for taking the time to fill in our Venue Request Form. Please note that:   1. Venue Requests may be submitted 6 months in advance, or 12 months in advance for bookings of the Theatre. 2. Gateway Theatre has the discretion to retain all materials, papers and images submitted, and is not liable for any unsolicited proposal or material. 3. Please note that all venue requests are subject to review by the management. We will aim to respond to your request in 7 working days upon receipt of all necessary information. Please let us know if you are working with a specific deadline. | | | | **NOTE:**  Hirers are not permitted to carry out any form of publicity, including ticket sales without a signed contract with Gateway Theatre. Gateway Theatre reserves the right to decline or request change to content of artistic works likely to receive “RA” or “Advisory” rating by the Media Development Authority (MDA). Gateway Theatre respects the artistic decisions made by the hirer and hopes to reach a mutual understanding. | | | |