



Coralville Center
for the Performing Arts
1512 7th Street, Coralville, IA 52241

CORALVILLE CENTER FOR THE PERFORMING ARTS

Venue Rental Request Form

Please complete one form for each requested engagement or run.

Organization Name: _____

Contact Person: _____

Address: _____

Phone (day): _____ **Phone (evening):** _____

Email: _____

Name or Type of Performance: _____

Full Stage____ **Partial Stage** ____ **Apron Only**____

Is the organization a 501c3 non-profit with an annual budget below \$100,000? _____

(These organizations may be eligible for subsidized rental rates, subject to fund availability)

Preferred Date(s): _____

Second Choice Date(s): _____

Third Choice Date(s): _____

Please return completed form to Megan Flanagan

Mail: Coralville Center for the Performing Arts, 1506 8th Street, Coralville, IA 52241

Phone: 319-248-1868

Fax: 319-248-1899

Email: mflanagan@ci.coralville.ia.us