

Cromwell Arts Alliance
Logistics Questionnaire for Facilities

Date: _____

Business Name: _____

Facility Address/Location: _____

Contact Information:

Name: _____

Position: _____

Address: _____

Best Contact Phone: _____

Email: _____

Location/Facility Description – (please check all that apply & complete logistics information)

Type	Yes / No	Square Footage	Room Capacity	Date / Time Restrictions
Auditorium				
Stage				
Gymnasium				
Cafeteria				
Kitchen Facilities				
Meeting Room(s)				
Classroom(s)				
Lobby / Foyer				
Gallery Space				
Athletic Fields				
Pavilion / Outdoor Picnic Area				
Dance Studio				

Location Access:

Does your location have provide the following:

Parking: Free/Paid Capacity: _____
Restrooms: Yes/No
Handicapped accessibility: Yes/No
Assisted Listening System: Yes/No

Amenities:

Please circle all that apply and provide specific information as needed:

Air Conditioning: Yes/No
Additional Information: _____

Special Lighting: Yes/No
Additional Information: _____

Sound System: Yes/No Microphone(s)- Yes/No
Additional Information: _____

Podium: Yes/No
Additional Information: _____

Seating/tables: Chairs- Yes/No Quantity_____ Tables- Yes/No Quantity_____
Additional Information: _____

Display Cases: Unsecured- Yes/No Secured- Yes/No
Additional Information: _____

Internet /Wi-Fi access: Secure- Yes/No Public- Yes/No
Additional Information: _____

Projector/Screen: Yes/No
Additional Information: _____

Additional Information:

Is an insurance certificate required for use of your space? Yes/No
Is there a rental fee? Yes/No
Are there custodial requirements for use of your facility? Yes/No
Additional requirements:

