Rental Event Questionnaire

This application is intended to provide initial information of the needs of potential clients of The Grand Opera House. This questionnaire must be submitted for your rental to be considered. Your date and event will be confirmed once an invoice has been agreed upon and a contract has been made, signed and returned.

Questions?
Contact Jessica Lewis
302-658-7897 ext. 3405
jlewis@grandopera.org

Renter Information

Event Name: __________________________________________

Requested Event Date: _____________________________

Primary Contact: ____________________________________

Authorized to Speak on Behalf of Renter: _______________________________________

Company/Organization: _______________________________________________________

Address: ________________________________________________

_____________________________________________________

Primary Phone: __________________ Secondary Phone: _________________________

E-mail: _________________________________________________

Requested venue/facility: (please check one)

☐ Sarah Bernhardt Salon ☐ baby grand Lobby ☐ Wesler Room
☐ Studio 1 ☐ Ninth Muse ☐ baby grand Stage
☐ Copeland Hall Stage

Have you ever utilized any of our venues before? (please check one)

☐ Yes When? __________________________________________________________________

☐ No
How did you hear about us? (please check all that apply)

☐ Attended a previous event  ☐ Attended a performance  ☐ Web search
☐ Word of mouth  ☐ Referral
☐ Other _______________________________________________________________________

Event Information
Please describe your event in detail (please include expected number of guests):

____________________________________________________________________________
____________________________________________________________________________

Preliminary Timeline
What time will the first person from your event arrive for setup? ________________

Will you have catering? What time will they be needed? __________________________
(All catering MUST be through The Grand’s preferred catering list)

What time will guests begin to arrive? ________________

What time will your event begin? ________________

What time will your event conclude? ________________

What time will the last person exit the facility? (Must be by 11pm) ________________

Please check requested tables: (subject to availability)

☐ 4 ft. table (1 available)  Quantity: __________
☐ 6 ft. table (16 available)  Quantity: __________
☐ 8 ft. table (16 available)  Quantity: __________
☐ 60” Rounds (25 available)  Quantity: __________

How many chairs will be needed for your event? (200 available in house) __________

Beverages

**NO outside beverages are permitted in the building! Everything must come from our stock**

What beverages would you like available to your guests at NO COST TO THEM?

☐ Coffee  ☐ Tea  ☐ Juice  ☐ Water
☐ Soda  ☐ Beer  ☐ Wine  ☐ Liquor

Would you like regular or premium alcohol?  ☐ Regular  ☐ Premium

Would you like to have a cash bar on certain items? (please circle)  YES or NO

If so, what would you like offered at the cash bar?

____________________________________________________________________________