



ZONE OF LIGHT EVENT QUESTIONNAIRE for EVENT SPACE

Email to zoneaww@gmail.com

Your name: _____

Date requested for event: ___/___/___

Purpose of event: _____

Theme of event (if applicable): _____

How much set up time will you need? _____

Start time of event: _____ End time of event: _____

Will you clean up after event, or will Studio? Yes ___ No ___

Number of Adults attending event: _____

Number of Children attending event: _____

(Maximum occupancy: 350)

Note: Studio will provide on-site staff monitor/assistants during event:

One monitor for event of 75 adults (not including art project artists or food servers)

Two monitors for event of *over* 75 adults (not including art project artists or food servers)

Child-care needed? Yes ___ No ___

Will you want Art Projects during the event? Yes ___ No ___

Will food be served? Yes ___ No ___

If yes, is catering coordinated by Studio? Yes ___ No ___

Will studio provide food servers? Yes ___ No ___

Food Service Room required: Yes ___ No ___

Will alcohol be served? Yes ___ No ___

If yes, is Bartender needed?

(Please note: Event host is responsible for actions of guests on Zone of Light Studio property.

Zone of Light is not responsible for guests driving under the influence of alcohol.)

Insurance for Event (required when alcohol is served): Yes ___ No ___

Number of tables needed: _____ Number of stools/chairs needed: _____

Studio space required:

___ Room A ___ Room B ___ Black Light Room ___ Main Event Space

___ Parlor space (red couch area) ___ Outdoor/Tent/Patio Space