THE CENTER DANCE COMPANY
Arlington Center for Dance
Nancie Woods Artistic Director

Space Request Form

Name:	Phone:
Email:	Website:
Organization:	CDC Registered Student? ☐ Yes ☐ No
Nonprofit? ☐ Yes ☐ No	
Date of Event:	Days Needed:
Start time:	End Time:
Estimated Attendance:	
Type of Event: ☐ Rehearsal ☐ Class ☐ Birthday Party ☐ Special Event ☐ Other: ☐ Performance ☐ Wedding	
Studio / Space Requesting:	
Reason:	
Additional Spaces: ☐ Kitchen ☐ Other:	
Is your event outside regular business hours? ☐ Yes ☐ No (M-F 10:00 – 8:30, Sat 8:00 – 3:30, Sun 9:30 – 5:00)	
Will you be serving: Food? ☐ Yes ☐ No Alcohol? ☐ Yes ☐ No	
Will you need us to provide a cleaning service? ☐ Yes ☐ No	
Special Requests/Needs:	

Internal Use Only:

Info taken by:		Date:		
Approved		Not Approved		Date
Studio:				
Comp ☐	Amount:	Paid ☐		

Please return to:
The Center Dance Company, Inc.
Attn: Karinn Cologne, Operations Manager
P.O. Box 5587
Arlington, VA 22205
info@centerdancecompany.org