

# JALT Rental Request Form

Please fill-out the form below to give administrators at the New Mexico School for the Deaf a better understanding of your event.

Title of Your Event \*

## CONTACT INFORMATION

Name \*

First Last

Email \*

Phone Number \*

### ### #####

Organization Name

Type (Nonprofit must provide IRS 501(c)3 letter and form 990)

Street Address

Address Line 2

City State / Province

Postal / Zip Code

Phone Number

## EVENT INFORMATION

Please choose your event type \*

Load in time req'd:

Rehearsal time:  
(rented in 4hr blocks)

Please provide a brief description of your event:

Please provide a link to your website:

Please provide a link to a video related to your event:

Which Date are you interested in? \*

Start Time of Event: \*

MM DD YYYY

HH MM

AM/PM

For multiple dates please list all dates you are interested in (example – 5/16/18):