

**Fee Waiver Request for SecondStage
Mountain View Center for the Performing Arts**



Instructions:

- 1) Please review the Fee Waiver Guidelines included below for eligibility information and requirements
- 2) Complete/submit this request for a facilities fee waiver after receipt of the estimate for your event from the MVCPA Booking office
- 3) Email the completed softcopy of this form to: jenn@mvcpa.com
- 4) A response to this request will be provided within 10 business days

Applicant and Event Information

Organization: _____

Contact Person Name/Position: Gina Williams

Phone Number: 778-688-4401 Email: gina@ginawilliams.com

Organization Mailing Address: 399 H Street #5 Blaine, Washington

Secondary Contact Person Name/Position: Jamie E. Gavin

Phone Number: 509-386-6524 Email: gavijamie@gmail.com

Event Name: New Classical Music & More for the Soul **Date(s) of Event:** TBD by MVCPA

Brief Description: (talent, programming, target audience, etc): The program will consist of original solo piano music written and performed by Gina Williams. Light contemporary music like "At Last" or "I Will Always Love You" will be also be sung and played by the artist at the piano. The target audience will be seniors and individuals that seek family friendly events to attend.

How will this event benefit the community? Soothing classical music and music that we can relate to has proven itself to be a benefit to most communities that appreciate the arts. I'm hoping that this will be a start to a continued relationship with MVCPA where I can perform as a Second Stage Home Company on a long term basis.

Ticketing plans: ☐ Fee – please state planned ticket price: \$ 45-20 ☐ Free to Public ☐ Ask for donations

Other sources of funds (such as Grants, corporate contributions): N/A

Why do you need a fee waiver (please attach summary of your organization's financial situation)? _____

A fee waiver would be most helpful to defray travel costs from Seattle area to Mountain View.

For Official Use Only:

Date Form Received: 30 Jan 18

Center staff comments: _____

PAC comments: _____

Approved: Yes / No Date: _____ Conditions (if any): _____