



Hagop Der Melkonian Theater Application

Title of the event _____

Type of the event _____

Author _____

Language _____

Wished dates for rehearsals and presentations.-

Additional equipments (if needed).-

- | | | |
|--|------------------------------|-----------------------------|
| A. Projection | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| B. Sound system | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| C. Special lighting system | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| D. Piano | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| E. Advertising board (on the sidewalk) | yes <input type="checkbox"/> | no <input type="checkbox"/> |

Length of the event _____

Intermission

yes

no

N.B.: For both yes and no, please kindly delete the box allocated to it.

The person responsible for the event.-

Name and Family name

Telephone number

Email

Cellular number

The director (if it is a play).-

Name and Family name

Telephone number

Email

Cellular number

Hagop Der Melkonian Theater
Address: Arax street, Bourj Hammoud
Telephone number: 01/268563
Email: info@dermelkonian.com

Hereby I ensure the accuracy of the information given above.-
Responsible for the event

Hagop Der Melkonian
Theater committee

Signature

N.B.: In the event of the ratification of this application, it is highly mandatory to complete the contract of payment. It is expected from the applicant to determine the price of the tickets (if applicable) and to give a concise explanation about the event so that it would be put on the theater's website.

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