

Cultural Resource Directory – Facility Listing Form

To be included in our Directory or to provide updated information, please complete and fax to 305/ 375-3068.

Note: This form is intended for the use of facilities that are located in **Miami-Dade County**.

FACILITY INFORMATION

Name of Facility: _____
Managing Organization: _____
Mailing Address: _____

Street Address (if different): _____

Web Address: _____
General E-mail: _____

Phone (main): _____ **ext.** _____ **Phone (information):** _____ **ext.** _____
Fax: _____ **TTY/TDD:** _____

Facility Director/ CEO: _____ **Events Manager:** _____
Title: _____ **Title:** _____
Phone: _____ **Phone:** _____
E-mail: _____ **E-mail:** _____

FACILITY SPECIFICATIONS

Number of Seats: _____ ADA accessible **Stage:**
Orchestra Pit: Yes No ADA accessible Proscenium **Width** _____
 Black Box **Depth** _____
 Thrust **Height** _____
 Portable/Flexible
 Marley Floor

Number of Dressing Room(s): _____
Shower Facilities: Yes No ADA accessible

Practice Room(s): Yes No (Please specify how many and capacity.) _____
Meeting Room(s): Yes No (Please specify how many and capacity.) _____

Front of House Personnel: How many? _____ Union Non-Union Other (please specify): _____
Box Office Personnel: How many? _____ Union Non-Union Other (please specify): _____
Backstage Personnel: How many? _____ Union Non-Union Other (please specify): _____

Equipment Available:
 Assisted Listening Devices
 Stage Lighting **Type:** _____
 Sound & Communication System **Type:** _____
 Video Projection System **Type:** _____

Please complete Facility Description on reverse.

Miami-Dade County Department of Cultural Affairs

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