## Application for the reservation of John de Silva Memorial Theatre Hall Department of Cultural Affairs

(Please read the instructions before filling the application)

01	i.	Name of applicant and address:
	ii	Telephone No. Official: Residence:
	iii	National Identity Card No.:-
02	i.	Purposes for the reservation:-
	ii	Date and time and requirement:
		(Theatre hall is closed after 11.30 p.m.)
03	i.	If it is an art episode, its name:
	ii.	Name and address of Producer:
	(If the	he applicant is not the producer, a letter from the producer giving his consent has to be
	subn	nitted with the application).
	iii	Number of Actors & Actresses and other supporters:-
	iv	If it is a popular drama to be shown in the Theatre Hall, date and number of the permit
		issued by the Public Performances Board
	V	Description regarding sponsorship:-
	04	i. Name of Stage Lighting Operator:-
	ii	Apart from permanently fixed lighting equipments, whether additional lighting
	equi	pments necessary:
	iii	Whether sound facilities are required?
		(Additional charges have to be paid for ii & iii above and if sound equipments are
		brought from outside for your requirements – prior approval has to be obtained from the
		Director of Cultural Affairs)

05	Equipments to be used for performances and expected:-			
	i.	Stage equipment:-		
	ii	Inflammable or explosives:-		
	iii	Weapons:		
	iv	If it is to be videoed, the time of video creations:		
	V	If it is to be air-conditioned, time such facility is needed:		
	vi	Whether an oil lamp is necessary?		
06.	Name	of Chief Guest and their time of participation:-		
07. Numbers of vehic		ers of vehicles necessary to enter theatre premises:		
any p	norial Theatre Hall and I am prepared to accept all those conditions fully and take care not to injure person in the theatre hall or to damage any equipment inside and if it so happens I am prepared to be with the laws and conditions given in the application form issued for the purpose of reservation.			
		Applicant's Signature:		
	Date:-	Administrative Officer:		
	Appro	oved/Not approved.		
	Date:-	For Director of Cultural Affairs:		
	Amount paid: Receipt No: Date of payment:			
	Fee:-			
	Amou	nt of deposit:-		
	Name	of attester:-		