

Frolic New Space Evaluation Form

Date of Evaluation: _____ Frolic person evaluating: _____

Space name: _____ Organization: _____

Main contact: _____ Phone: _____

Fax #: _____ Email: _____

Rental cost: _____ Security deposit: _____

Location: _____

Distance to New Paltz: _____ Woodstock: _____

Parking: _____

Proximity to major road: _____

Floor area: _____ Ceiling height: _____ Occupancy: _____

Floor construction: _____ Springiness: _____

Space atmosphere: _____ Sound / echo: _____

Lighting: _____ Elec. outlets: _____

Hang-out area: _____ Child area: _____

Tables: _____ Chairs: _____ Furniture: _____

Bathroom: _____ Kitchen: _____

Supplies provided: _____ We must supply: _____

Fans: _____ # Windows: _____ Openable: _____

Near Phone: _____ Pay/Private/Incoming calls: _____

What kind of storage is available? We need a locked space of at least 60 cubic feet. We also need to know everyone who has access to the storage.

Storage: _____

Distance from dance: _____ Flight of stairs: _____

We get keys: _____ How many: _____ Who else gets: _____

Insurance needs to cover personal injury, and space and equipment loss due to fire or theft.

Insurance: _____

Other Legal Issues: _____

How open to 1st and 3rd Saturdays of every month are they? Does scheduling work on a first-come first-serve basis, or do certain groups get higher priority? Is the space available from 8:30pm-1:00am?

Scheduling: _____

What sort of heating and cooling is there, and what are the maximum and minimum temperatures to be expected in the dance space?

Climate control: _____

How well can the nearest neighbor hear us? Is the building zoned commercially? Have there ever been noise complaints?

Noise / Sound: _____

Are there any existing music / dance events so when can find out how the space works for them?

Existing events: _____

Pre-existing publicity we'd get: _____