



Arts of the Pamlico  
Historic Turnage Theatre  
150 West Main Street  
252.946.2504  
[info@artsofthepamlico.org](mailto:info@artsofthepamlico.org)  
[www.artsofthepamlico.org](http://www.artsofthepamlico.org)

# Performer Rental Agreement

## I. Renter Contact Information:

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers – home/work: \_\_\_\_\_ cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone Numbers – home/work: \_\_\_\_\_ cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

## II. Rental Spaces for Performances:

Full Facility Rental: \_\_\_\_\_

Palace Theatre: \_\_\_\_\_ Back Stage Green Room: \_\_\_\_\_

Turnage Gallery: \_\_\_\_\_ Art Café: \_\_\_\_\_

Catering Kitchen (must be in addition to another rental space): \_\_\_\_\_

## III. Performance Rental Information and Schedule:

Type of Event: Comedy Music/Concert Dance Theater Other: \_\_\_\_\_  
\_\_\_\_\_

Show Name/Title: \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Curtain Time(s) \_\_\_\_\_ Intermission Length & Time \_\_\_\_\_  
(required for all Stage Performances)

Load-In Date \_\_\_\_\_ Time \_\_\_\_\_

Rehearsal/Sound Check Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

\*additional Sound Technician hours needed (more than the 4 included)? Yes \_\_\_\_\_ No \_\_\_\_\_

\*additional Stage Lighting Tech hours needed (more than the 4 included)? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Only technicians employed and paid by AOP are permitted to use theatre equipment. A minimum of 4 hours is required for each tech for each performance/event including set-up and testing times. Additional hours, re-entry, and rehearsal times can be arranged at the per hour rates. At least 3 weeks prior to your event, artists must provide AOP with a completed plot for the stage, script, schedule, agenda, riders, and/or other document(s) showing light/sound cues and other tech requirements. Theatrical productions must provide a copy of the written script for AOP to review prior to booking.

Pre-Meeting with Tech? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**IV. Ticketing Information:**

Will this event be ticketed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please fill out and sign the Arts of the Pamlico's Box Office Services Policy & Agreement. Signed copy attached? \_\_\_\_\_

Admission Price(s): General Admission \_\_\_\_\_ At-the-Door \_\_\_\_\_

Max number of Comp Tickets offered (approved by AOP in advance): # \_\_\_\_\_

Renter's initials: \_\_\_\_\_

AOP's initials: \_\_\_\_\_

Ticket Sales and Promotion Beginning Date: \_\_\_\_\_

Where can calls regarding event be referred to?

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Description of Event - including length, any intermissions, special effects (strobes, gun shots, smoke, dry ice, etc.), adult language or situations, and suggested appropriate audience (family, adults only, young children and adults, etc.) and any information that would be considered pertinent by a potential patron:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Family Friendly (G-rated)? \_\_\_\_\_ PG-rated? \_\_\_\_\_ Adults only (R-rated)? \_\_\_\_\_

**V. Additional Information/Amenities:**

Do you plan to sell merchandise? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type? \_\_\_\_\_

Do you need a table? \_\_\_\_\_ 6' or 8'? \_\_\_\_\_ Tablecloth? \_\_\_\_\_ Easels? \_\_\_\_\_

AOP requires that performers have liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide of copy Certificate of Insurance to Beaufort County Arts Council.

Copy attached? \_\_\_\_\_

**VI. Fees and Charges:**

**Rental Space Fee: \$** \_\_\_\_\_

Additional Rental Fees per hour (over the included 4 hours): \$ \_\_\_\_\_

**Staffing Fees:**

Additional hours for the (2) AOP Front-end Staff (more than the included 4 hours):

\$20 x \_\_\_\_\_ hours = \$ \_\_\_\_\_

Additional hours for the AOP Sound Tech Person (more than the included 4 hours):

\$50 x \_\_\_\_\_ hours = \$ \_\_\_\_\_

Additional hours for the AOP Lighting Person (more than the included 4 hours):

\$50 x \_\_\_\_\_ hours = \$ \_\_\_\_\_

DJ: \$20 x \_\_\_\_\_ hours = \$ \_\_\_\_\_ (min of 4 hours)

**Set-Up Fee: \$** \_\_\_\_\_

**Table Rental:** 8' Rectangular Tables \_\_\_\_\_  
6' Rectangular Tables \_\_\_\_\_  
4' Rectangular Tables \_\_\_\_\_  
High Top Bar Tables \_\_\_\_\_  
Round Cafe Tables \_\_\_\_\_  
Chairs needed \_\_\_\_\_  
60" Round Tables \_\_\_\_\_ x \$7.00 = \_\_\_\_\_

**Linen Rental:** 120" Rounds: Black or White \_\_\_\_\_ x \$10.00 = \_\_\_\_\_  
8' Rectangular: Black \_\_\_\_\_ x \$6.00 = \_\_\_\_\_  
6' Rectangular: Black or Red \_\_\_\_\_ x \$6.00 = \_\_\_\_\_  
4' Rectangular: Black \_\_\_\_\_ x \$6.00 = \_\_\_\_\_

**Equipment Rental Fees: \$** \_\_\_\_\_  
Portable PA System (\$75, includes 1 mic) \_\_\_\_\_ Karaoke Machine (\$75) \_\_\_\_\_  
Additional Mic (\$10/ea) \_\_\_\_\_ Projector & Screen (\$50) \_\_\_\_\_

Main Marquee (\$30) \_\_\_\_\_  
Marquee Text: \_\_\_\_\_  
(max of 50 letters and spaces)

Mini Poster (\$50) \_\_\_\_\_ Design Fee (\$50) \_\_\_\_\_

Lamented and Foamboard Backing (Market Price) \_\_\_\_\_

(Photo-ready art work and/or design material is required at least eight weeks prior to the show date. AOP reserves the right to edit material as deemed necessary. AOP Logo and contact information will be added to all promotional material.)

**Additional Rental Items:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clean-up Fees: \$** \_\_\_\_\_

**Total Rental Cost Due: \$** \_\_\_\_\_  
(Payments can be made by a check made payable to AOP or by using a Visa or Mastercard credit card.)

**Reservation Fee: \$** \_\_\_\_\_  
(non-refundable reservation fee, 50% of Total Rental Cost, due with signed agreement)

**Date paid:** \_\_\_\_\_ **QB#:** \_\_\_\_\_

**Refundable Security Deposit: \$** \_\_\_\_\_ (25% of Total Rental Cost)  
(a valid credit card number must be held on file)  
Card #: \_\_\_\_\_  
Exp: \_\_\_\_\_ Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Billing Zip Code: \_\_\_\_\_

**Remaining Balance Due: \$** \_\_\_\_\_ (including Security Deposit)  
(Balance is due no later than four weeks prior to event.)  
(Payments can be made by a check can be made payable to AOP or by using credit card.)

**Date paid:** \_\_\_\_\_ **QB#:** \_\_\_\_\_

I/we hereby agree to abide by all provisions and protocols contained in this rental agreement, and other supporting documentation, with the Arts of the Pamlico.

Renter Representative: \_\_\_\_\_ Date: \_\_\_\_\_

AOP Representative: \_\_\_\_\_ Date: \_\_\_\_\_