



Arts of the Pamlico
Historic Turnage Theatre
150 West Main Street
252.946.2504
info@artsofthepamlico.org
www.artsofthepamlico.org

Event 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 Events:

Full Facility Rental: _____

Palace Theatre: _____ Back Stage Green Room: _____

Turnage Gallery: _____ Art Café: _____

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

III. Rental Information:

Type of Event: Wedding Birthday Meeting Lecture Surprise Party
 Concerts Stage Performance Other: _____

Dates: _____

Rental Times: _____
(Please include your set-up and breakdown times within your rental time)

Number of People anticipated: _____

Rental Details: _____

IV. Fees and Charges:

Rental Space Fee: \$ _____
Additional Rental Fees per hour (over the included 4 hours): \$ _____

Staffing Fees:

Additional hours for the AOP Front-end Staff (over the included number of hours):
\$20/staff x _____ hours = \$ _____

AOP Sound Tech Person (min of 4 hours):
\$50 x _____ hours = \$ _____

AOP Lighting Person (min of 4 hours):
\$50 x _____ hours = \$ _____

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

Concessions/Alcohol Sales: Cash Bar or Open Bar?

Open Bar limit: \$ _____
(a valid credit card number must be held on file)
Card #: _____
Exp: _____ Code: _____
Name on Card: _____
Billing Zip Code: _____

Delivery and Ordering Fee for Special Orders of Beer and Wine: \$ _____

Popcorn Sales for Private Event: \$ _____

If Renter chooses to provide their own Beer/Wine, they must obtain a Host Liability Insurance Certificate naming Arts of the Pamlico (AOP) as the Additionally Insured.

If the event is a ticketed event, the Renter will also need to obtain a Limited Special Occasion Permit from the NC ABC Board as well.

Copy attached? _____ Signed Alcohol Usage Policy attached? _____

If Renter chooses to provide their own Beer/Wine **and** Liquor, they must obtain a Host Liability Insurance Certificate naming Arts of the Pamlico (AOP) as the Additionally Insured and a Limited Special Occasion Permit from the NC ABC Board.

Copy attached? _____ Signed Alcohol Usage Policy attached? _____

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)

Marquee Fees: \$ _____
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#: _____

Only technicians employed and paid by AOP are permitted to use theatre equipment. A minimum of 4 (four) hours is required for each tech for each performance/event including set-up time. At least three weeks prior to your event, please 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.

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: _____

vers 06/18