

Performer Rental Agreement 2019-2020

I. Renter Contact Information:

Contact Name:					
Business/Organization:					
Mailing Address:					
Phone Numbers – home/work: cell:					
Email Address:					
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)	Tir	me(s)		
	Date(s)	Tim	ne(s)	_	
	Date(s)	Tim	ne(s)	_	
*additional Sound	Technician hours r	needed (more th	nan the 6 included)'	? Yes	_ No
*additional Stage L	ighting Tech hour	s needed (more	than the 6 included	d)? Yes	No
6-hour period is inc set-up and testing per hour rates. At plot for the stage,	cluded in the renta times. Additional l least 3 weeks prio script, schedule, aq h requirements. T	I for each tech f hours, re-entry, r to your event, genda, riders, a	ermitted to use theat or each performand and rehearsal time artists must provide and/or other docume ctions must provide	ce/event, this s can be arra e AOP with a ent(s) showir	s includes the anged at the completed g light/sound
Pre-Meeting with Te	ch? Yes N	o Date	e	Time	
. Ticketing Informa	tion:				
Will this event be t	icketed? Yes	. No			
Admission Price(s)	: General Admissi	on	At-the-Door _		
			and sign the Arts o		o's Box Office
Max nun	nber of Comp Tick	ets offered (app	proved by AOP in a Renter's initia AOP's initia		
Ticket Sales and P	romotion Beginnin	g Date:			
Where can calls re	garding event be r	eferred to?			
Р	hone number				·
Description of Ever smoke, dry ice, etc	nt - including lengt c.), adult language children and adult	h, any intermiss or situations, ar	sions, special effect nd suggested appro information that wo	s (strobes, g opriate audie	un shots, nce (family,
- 	 				
Family Friendly (G		PC rated?	Adults only	(R-rated)?	

V. Additional Info	rmation/Amenities:
	sell merchandise? Yes No e set up in the front gallery space at no cost, the renter must man the table)
If yes, what ty	pe?
Do you need	d a table? 6' or 8'? Tablecloth? Easels?
Please provide	nat performers have liability insurance e a copy of the Certificate of Insurance to Beaufort County Arts Council. d?
VI. Fees and Char	ges:
Rental Space F Additional R	Fee: \$ ental Fees per hour (over the included 6 hours): \$
Staffing Fees:	
Additional hou	urs for the (2) AOP Front-end Staff (more than the included 6 hours):
	\$20 x hours = \$
Additional hou	urs for the AOP Sound Tech Person (more than the included 6 hours):
	\$50 x hours = \$
Additional hou	urs for the AOP Lighting Person (more than the included 6 hours):
	\$50 x 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 =
(For Gallery Porta	ntal Fees: \$

Main Marquee (\$30) Marquee Text:		
(max of 50	letters and spaces)	
Mini Marquee Window P	oster (\$50)	Design Fee (\$50)
Laminated and Foa	amboard Backing (Market Pric	ce)
prior to the show d	ork and/or design material is a ate. AOP reserves the right to ogo and contact information val.)	o edit material as deemed
Additional Rental Items:		· · · · · · · · · · · · · · · · · · ·
Clean-up Fees: Basic Clean-up cos Total Rental Cost Due: \$ (Payments can be made by a check r credit card.)		
Reservation Fee: \$	50% of Total Rental Cost, du	e with signed agreement) QB#:
Refundable Security Deposit: \$ (a valid credit card number must be h	(25% of To	tal Rental Cost)
	Ехр: С	Code:
	Name on Card:	
	Billing Zip Code:	
Remaining Balance Due: \$(Balance is due no later than four wee (Payments can be made by a check o		
	Date paid:	QB#:
/we hereby agree to abide by all provother supporting documentation, with		ed in this rental agreement, a
Renter Representative:		Date:
AOP Representative:		Date: