

RENTAL APPLICATION



Licensing Agreement Information

Title of Event		Date(s) Requested:	
Event Start Time(s)	Anticipated start time for Load-In/Setup:	Anticipated Hours for Load-Out	
Producer/Organization			
Mailing Address			
City		Province	Postal Code
Phone Number		Email	
Person Signing the Agreement		Title	

Contact Information

Primary Contact	Name		Title
Daytime Phone	Fax	Cell/Pager	Email
Technical Contact	Name		Title
Daytime Phone	Fax	Cell/Pager	Email

Event Information

Description of Event	
Type of Event: <input type="checkbox"/> Concert <input type="checkbox"/> Musical <input type="checkbox"/> Drama <input type="checkbox"/> Comedy <input type="checkbox"/> Speaker <input type="checkbox"/> Dance <input type="checkbox"/> Other	
Is this a ticketed event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seating: <input type="checkbox"/> Reserved <input type="checkbox"/> General Admission
Is event open to public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated Attendance:
Approx Length of Performance: hr min	Will there be an intermission <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you film or tape your event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are patrons allowed to photograph or video record your event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will merchandise be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you have a reception at the theatre? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: <input type="checkbox"/> Before Performance <input type="checkbox"/> After Performance <input type="checkbox"/> Catered <input type="checkbox"/> Alcohol	
Please give name of Insurance Broker who will provide Liability Insurance:	

Date of Application
Signed

Please return completed application to:
Andrew Elliot, Associate Manager, District Theatre
6250 – 144th Street, Surrey, British Columbia, V3X 1A1
Tel: (604) 507-6357 Fax: (604) 507-6351