

Bellows Falls Opera House
Main Auditorium and Lower Theater Use
Application & Deposit

Event Information: Event Date(s): _____
Event Name: _____
Event Description: _____

Lessee Information: Legal Name of Lessee: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone/Cell: _____ Email: _____
Website for public: _____
Phone/email for public: _____

Facilities to be leased: () Main Auditorium (BFOH) () Lower Theater () Both
If Main Auditorium, is use of balcony anticipated? () Yes () No.
If Lower Theater, is use of kitchen anticipated? () Yes () No.

Day of Show:
Load-in Time: _____ Doors open: _____ Show Start: _____
Show End Time: _____ Load-Out Completion (doors locked): _____

Additional Rehearsal Dates?
Rehearsal Date(s): _____ and Time(s): _____

Technical Needs: () Lighting () Rigging () Both
Sound: is lessee () providing own sound system or () using House PA?
Does lessee have qualified sound operator/TD? () Yes () No.
Operator Name: _____
Phone: _____ *Email:* _____

Refreshments: *Town reserves the right to sell concessions (soda, popcorn, candy) during event.*
Does Lessee plan to sell refreshments? () Yes () No. Alcohol? () Yes () No.
If yes on alcohol, applicant must make arrangements with licensed caterer. Additional rider required. Caterer must apply for permit before Selectboard at least four weeks prior to event.

Event Lease Costs (per "Rates & Policies"):
Event(s) \$525.00 x _____ number of shows = _____
\$300.00 x _____ number of shows = _____
Rehearsal(s) \$300.00 x _____ number of rehearsals = _____
\$150.00 x _____ number of rehearsals = _____
Lower Theater \$100 (\$75 if linked to use of BFOH) x _____ number of shows = _____

Base Rate Total: _____

Deposit Due (50% of Base Rate): _____

Payable to: Town of Rockingham, c/o Finance Office, PO Box 370, Bellows Falls, VT 05101

Deposit attached? () Y check # _____ () N. **Insurance Binder** attached? () Y () N
Lease agreements will not be considered binding until 50% deposit and liability insurance binder have been received and confirmed by Town.

Estimated Additional Fees:

Town Representative (per "Rates and Policies") _____ hours @ \$20/hr: _____

PA System Optional use of house PA System @ \$50: _____

Lower Theater Kitchen Optional use of Lower Theater kitchen @ \$25: _____

Contingencies to Budget:

Ticket Surcharge: \$1.00 for each ticket sold over 200.

Additional Cleaning \$20/hr if facility is not returned to broom-clean condition.

Settlement:

At conclusion of event, lessee shall provide Town Representative paid attendance numbers and preliminary balance due. Within three business days after end of event, Town will provide final invoice to Lessee (total Town Representative hours, contingencies, any additional fees for cleaning, etc.), with payment is due at time of invoicing.

Submitted by: _____ Date _____

Return to:

Rick Angers, Theater Manager, Town of Rockingham

PO Box 370, Bellows Falls, VT 05101

802-463-3964 x 120. rangers@rockbf.org

This application will be reviewed by the Town for scheduling and appropriateness. Applications will be approved or denied by Town within ten days of submission, and may be subject to additional conditions.

FOR TOWN USE:

Received by _____ Date _____

Reviewed by _____ Date _____

Action Taken: _____

=end=

BFOH 03-15