

New Bern Civic Theatre
412 Pollock Street, P.O. Box 1531
New Bern, N. C. 28563
Ph. 252-634-9057 Fax. 252-634-9058

Athens Theatre and Cafe Rental Agreement (For Profit)

Date _____

Name of Event _____ Date(s) _____

Rehearsal dates _____

Organization _____ Representative _____

Address _____

Zip _____

Telephone _____ Fax _____

A deposit of \$175 is required to hold the dates requested. Cancellations made two weeks prior to the dates requested will receive the deposit back less a \$50 service fee. Cancellations less than two weeks prior to the event will receive no deposit return.

Rental	_____ days @ \$350.00 per day	\$ _____
Rehearsal	_____ days @ \$175.00 per day	\$ _____
Janitorial fee	\$125.00 mandatory	\$ _____

Insurance The lessee shall provide to NBCT a Certificate of Insurance Providing Comprehensive General Liability in the amount of no less than One Million Dollars, Bodily injury and property damage.

Key(s) deposit	# of keys _____	\$100.00	\$ _____
Sound equipment deposit		\$300.00	\$ _____
Light and Sound technician (if required)	_____ Hours @ (see attached rates)		\$ _____

Technicians from outside the theatre must be approved by the Theatre Manager

NBCT staff person on site for all activities _____ Hours @ \$20.00 per hour \$ _____

Total \$ _____

Note #1 Deposits will be returned upon inspection after the event.

Note #2 The Facilities must be cleaned after the production.

Lessee Signature _____ Date _____

Theatre Management Signature _____ Date _____