



2ND STORY THEATRE RENTAL APPLICATION

*THE DEPARTMENT OF COMMUNITY RESOURCES SHALL HAVE THE FINAL AUTHORITY TO APPROVE OR DENY ANY RENTAL REQUEST.
 PLEASE ALLOW AT LEAST TWO WEEKS FOR STAFF TO REVIEW AND PROCESS THE APPLICATION.*

EVENT TITLE: _____

EVENT DATES (including load-in and load-out): _____

APPLICANT & COMPANY NAME: _____	DATE OF BIRTH: _____		
Address: _____			
_____	_____	_____	
	<i>City</i>	<i>State</i>	<i>Zip</i>
Email Address: _____			
Phone Numbers: _____	Day (_____)	Fax (_____)	
Main Contact: _____		Cell: (_____)	
CHECK BOX: <input type="checkbox"/> Commercial/For Profit <input type="checkbox"/> Non-Profit (501(c)3 # required: _____			

TYPE OF EVENT		
<input type="checkbox"/> Theatrical Production	<input type="checkbox"/> Live Music Performance	<input type="checkbox"/> Choral Performance
<input type="checkbox"/> Dance Recital	<input type="checkbox"/> Lecture	
<input type="checkbox"/> Other: _____		
Total Estimated Attendance (including performers per performance day – 114 max capacity/75 seating): _____		

INSURANCE is MANDATORY for all performances/events held at the Hermosa 2 nd Story Theatre where theatre equipment is used.
<i>Renter waives all claims against the City of Hermosa Beach, its officers, agents and employees, for fees or damages caused by, arising out of, or in any way connected with the exercise of this contract. Please check the appropriate box:</i>
<input type="checkbox"/> We request to be added to the City of Hermosa Beach insurance policy and will pay the additional fees as required based on the classification of the event.
<input type="checkbox"/> We will supply our own liability insurance with a \$1 million coverage naming “ The City of Hermosa Beach, its agents, officers, and employees as additionally insured. ”

PROOF OF LICENSURE
<i>The User shall obtain all required licenses, pay any and all licensing fees (royalties) and secure all permits necessary to present its performances. The user will assume all costs arising from the use of patented, trademarked, franchised or copyrighted music, materials, devices, processes or dramatic rights used on the premises and incorporated in the event. The User must submit proof of licensure as well as confirmation of the execution (payment) of said Agreement(s). Proof of licensure is due two weeks prior to arrival. Failure to submit may result in cancellation of your production.</i>

Will there be videotaping during your event/production? (please circle)

YES

NO

If YES, for what purpose: _____

SPECIAL ACCOMMODATIONS SUBJECT TO APPROVAL (please check that you have read and understand)

I understand that all requests for equipment, backdrops, placement of sets, props, changes to the stage in any way, etc. must be received in writing and authorized by the Recreation Supervisor **two weeks** prior to installation.

THEATRE USE RULES AND REGULATIONS (please initial that you have received, read and understand the policies of the theatre.)

Please
Initial
Here

By initialing, I agree to abide by and enforce the rules and regulations of the City of Hermosa Beach and certify that I have read the rules, regulations and agreements listed. I will assume full responsibility for my group and will ensure all policies and procedures are followed.

PRICING & FEES

	<u>NON-PROFIT RATE</u>	<u>COMMERCIAL RATE</u>
Performance or Rehearsals	\$20 per hour	\$25 per hour
Refundable Security Deposit	\$250	\$250
Application Fee <i>*must be received with application to hold dates. Will be forfeited in the event applicant cancels or reschedules the event.</i>	\$20	\$20
House Manager (REQUIRED)	\$15 per hour	\$15 per hour
Light/Sound Technician	\$20 per hour	\$20 per hour

ORGANIZATION ASSUMPTION OF RISK AND RELEASE OF LIABILITY

On behalf of our organization, I agree to assume all risks for injuries arising out of, or resulting from, the use of the 2nd Story Theatre and/or personal property located thereon, and further agree to make no claim whatsoever for injuries out of, or resulting from, the use of any City building(s), grounds, real property or personal property located thereon. I shall be personally responsible on behalf of my organization.

Please note that the theatre will be opened only if payment is received two week s prior to the event in the form of a cashier's check, cash, credit card (VISA or Mastercard only) or money order. I have read and agree to the attached theatre rental policy and house rules.

I/We have read and agree to abide by and enforce the rules, regulations and policies of the City of Hermosa Beach Community Theatre rental policy.

Signature of Applicant

Date

Applicant Name (please print)

Date

Approved by: _____
Department of Community Resources

Date

PUBLIC RELATIONS INFORMATION

Please provide the following information to be given out to the general public, if needed:

Name of Organization: _____

Performance/Event Title: _____

Performance/Event Dates and Times:

DATE										
SHOWTIME(S)										

DATE										
SHOWTIME(S)										

FORMS OF PURCHASING TICKETS: Online Website: _____
 Phone Reservations Reservation Contact Number: _____ ()
 Purchase at Box Office? (*day of event ONLY*)
 Other _____

Public Relations Contact: _____

Day Phone: _____ () Evening Phone: _____ ()

Email: _____

Please provide a brief description of your event. Please include any information that would be helpful for someone looking for more information on your show.
