

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 Non-Profit)

Date _____

Name of Event _____ Date(s) _____

Rehearsal dates _____

Organization _____ Representative _____

Address _____ Zip _____

Telephone _____ Fax _____

Fed Tax ID # _____

A deposit of \$100 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.

Theatre Rental	_____ days @ \$400.00 per day	\$ _____
Rehearsal (no audience)	_____ days @ \$150.00 per day	\$ _____
Café Rental	_____ days @ \$100.00 per day	\$ _____
Combined Spaces	_____ days @ \$450.00 per day	\$ _____
System equipment rental	_____ days _____	\$ _____

Janitorial fee **\$85.00 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 _____ \$50.00 \$ _____

Light and Sound technician (if required) _____ Hours @ (see attached rates) \$ _____

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

Basic house lights and NBCT staff person on site for performance included in rental fee.

Total \$ _____

***If tickets are sold through the NBCT ticketing system, there will be an additional fee of \$2.00 per ticket sold payable before the end of the event. This includes all online ticket sales.**

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 _____