



**CITY OF WEST SACRAMENTO
Black Box Theater
RESERVATION APPLICATION**

Date of Application _____
Renters Name _____
Organization _____
Address _____
City _____ State _____ Zip _____

Primary Contact Person

Name _____
Address _____ City _____ State _____ Zip _____
Phone: Day () _____ Evening () _____ Email _____

Secondary Contact Person (This person will be contacted if the primary contact person is unavailable)

Name _____
Phone Day () _____ Evening () _____ Email _____

Estimated attendance

During performances _____
During rehearsals _____

Dates of use

(Please include the entire time you will need the theater from load in to load out- Detail on next page)

Type of event

THEATER USE REQUEST CALENDAR

Please detail out **every day** you will need to use the theater space from load in to load out. Indicate use by inserting the **date and times** you anticipate being in the theater.

Month(s): _____

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Notes: _____

Event Information

Are you a non-profit agency? Yes No
 If yes, please provide your 501C3 identification number _____

Will admission be charged to attend this event? Yes No

Is this a fund-raising event? Yes No

Do you plan to *have* alcohol at this event? Yes No

Do you plan to *sell* alcohol at this event? Yes No

Will there be minors at your event? Yes No

Do you plan to have amplified sound/music? Yes No
 If yes, what type _____

Will your event be open to the public? Yes No

FEE SCHEDULE

	Nonprofit & Government Rates	Private Party Rates
Security Deposit (refundable)	\$500	\$1,000
Hourly Fee		
Non-performance days (Dark or Technical Days)	\$30.00	\$50.00
Performance Days	\$45.00	\$85.00
Load in- Load out Day	\$75 per day	\$150 per day
Theater Tech *Mandatory for any access to light and sound equipment	\$35 per hour*	\$35 per hour
Facility Attendant *Mandatory during non-office hours	\$25.00/hr	\$25.00/hr
Security *Mandatory during non-office hours	\$25.00 per hour *4 hour minimum	\$25.00 per hour *4 hour minimum
Overflow Parking Fee *as needed basis	\$50.00 flat rate	\$50.00 flat rate

*Non-profits will qualify for an alternate fee.

Please read and sign below

I, (print name) _____, certify that by affixing my signature hereto that [I am an authorized representative of _____], I am over twenty one (21) years of age; and that [on behalf of said organization] I have read and understand the City of West Sacramento recreation facilities' policies, rule and regulations, and above terms and additional conditions, if any, and that I [said organization] shall abide by them; I am fully aware that responsibility for the safety and well-being of all persons who participate or observe in said [organization's] activities is ours; and , I agree that the City of West Sacramento, its City Council, Officers, Agents, and Employees are released, indemnified, and held harmless from any and all claims, causes or action, losses, costs, expenses, damages, or other liabilities for personal injury or death or property by any person or person connected with said activities that may be sustained, caused by or alleged to have been caused by or arising out of the use of the above facility [by said organization.] I further agree that I/said organization will leave said facility in same or better condition in which it is presented to myself/said organization. If the facility is not cleaned or damage occurs, the deposit will be used to restore the facility to the condition in which it was presented to myself/said organization. If damage exceeds the deposit amount, I/said organization will be billed for the remainder.

RESPONSIBLE PERSON (Print) _____

SIGNATURE _____ DATE _____

City of West Sacramento Parks and Recreation Action: Signature below indicates approval of application and authorization of permit.

SIGNATURE _____ DATE _____

TITLE _____