



Rental Booking Form

PRODUCER INFORMATION

Name of Organization: _____

This organization is (circle one): Non-Profit / For Profit

Address: _____

City: _____ State: _____ Zip: _____

Name of Contact/Point Person: _____

Title: _____

Phone Numbers: _____

Fax Number: _____

Email Address: _____

BASIC EVENT INFORMATION - Tell us about the event.

CONTACT INFORMATION – List any other key personnel we may need to contact for technical/event information and/or Vendors you plan to use for the event.

NAME/TITLE	PHONE	EMAIL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONNEL

How many people will you be bringing for the event? _____

Cast #: _____ Crew #: _____ Orchestra #: _____

How many children, if any? _____ # of Chaperones _____

Please list crew positions: _____

DATES REQUESTING

Performance Dates: _____

Date 1 _____ Time In _____ Time Out _____

Date 2 _____ Time In _____ Time Out _____

Date 3 _____ Time In _____ Time Out _____

Date 4 _____ Time In _____ Time Out _____

Date 5 _____ Time In _____ Time Out _____

Rehearsal Dates: _____

Date 1 _____ Time In _____ Time Out _____

Date 2 _____ Time In _____ Time Out _____

Date 3 _____ Time In _____ Time Out _____

Date 4 _____ Time In _____ Time Out _____

Date 5 _____ Time In _____ Time Out _____

How much load-in and set up time will you need? _____

How much strike/load-out time will you need? _____

Will you need parking? YES / NO How many cars? _____ How many trucks/vans? _____

EVENT/SEATING/PROGRAM INFORMATION

Will there be a pre-show or post-show discussion or event? _____

Will there be an intermission? YES/NO Estimated time of intermission? _____

Are concessions desired during intermission? YES/ NO

If so, describe it briefly. _____

Will there be programs that need to be handed out? _____

The producer must supply any programs/inserts for the event and they must arrive at the theater the day before the scheduled event.

TECHNICAL

SCENIC/PROPS

Please list/describe any scenic pieces you will bring to the event. _____

Will you have any special masking needs? _____

Do you need a podium for a speaker? _____

How much storage space, if any, will you need? _____

TICKETING

Will you be utilizing the services of the AAAA Box Office? YES / NO

If using AAAA Box Office Services, please complete all the following:

Is this a _____ SINGLE EVENT _____ SERIES?

If offering a series, how many events are in the series? _____

Which events will be included in your series? _____ All Events _____ Specific Events

Will your tickets be: _____ Reserved Seating _____ General Admission

Ticket Prices: Regular Price _____ Student _____ Senior _____ Other _____

Will complimentary or company tickets be needed? YES / NO How Many? _____

Should complimentary/company tickets be in a specific location? YES / NO

If Yes, what location? _____

(Please note: Complimentary and Company tickets count towards your final quantity of "sold tickets".)

TECHNICAL SEAT KILLS REQUIRED

Sound Board _____ Video Camera _____ Set Obstruction _____

Please provide the following information for your tickets:

Event # _____ Event Date _____ Day of Week _____ Event Time _____

Event Title _____

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BOX OFFICE FEES

The AAAA Box Office charges \$3.00 per AAAA handled/sold ticket. Complimentary & company tickets are counted as "sold" tickets. All ticket sales income is collected at point of sale and held by the Box Office. After the event is closed and all sales are complete, the Box Office will run a settlement report and statement of account. Ticket fees will be deducted from gross receipts, and all net adjusted receipts will be remitted to the producer via check payable to the producer within 7 days of the close of the event.

INSURANCE INFORMATION:

Proof of liability insurance naming AAAA as also insured is required.

Insurance Company _____

MISCELLANEOUS

Will you need AAAA to arrange piano tuning? _____

Will you need music stands? _____ If yes, how many? _____

Will you need music stand lights? _____ If yes, how many? _____

If using an orchestra, where will they be located? _____

How many musicians are in your orchestra? _____

Do you need chairs and tables backstage? How many? _____

Is there anything else you may need for the event not mentioned above? _____

* * * * *

RENTAL AGREEMENT

This agreement made this day _____ of _____ 20____ between

Alexandria Area Arts Association (AAAA)

and

(Renter)

Rental Deposit of \$_____ Received ___/___/20____

Signatures below indicate agreement with the terms outlined in the AAAA Rental Policies and must be completed 45 days prior to your event to be binding.

AAAA Representative

Renter

Thank you for taking the time to fill out this form. It is a very useful tool for us to understand your needs and to help make your event be exactly what you want. If you have any questions, please call me at the number below.

Please return this form to:

Mary Risner

AAAA Finance & Facilities Director

618 Broadway, Alexandria, MN 56308

Phone: 320-762-8300 Fax: 320-763-9427 Email: AAAA@gctel.net