

Elmont Memorial Library Theatre Use Application Form

Prior to completing this form, you must read and acknowledge that you fully understand the Library's **Theatre Use Policy #700-3**. The Policy details the guidelines, hours of operation, scheduling, application process, responsibility for damage or loss, public safety, termination of event, crowd control/direction, food and refreshments, smoking, tipping, fire regulations, storage, delivery of equipment, supplies, scenery and the daily rental fees.

Date of application: _____ / _____ / _____

Name of Organization: _____

Address: _____

President/Chairperson of Organization: _____

Telephone No.: _____ **Cell No.:** _____

Name of person applying: _____

Address: _____

Telephone No.: _____ **Cell No.:** _____

Contact person: _____

Telephone No.: _____ **Cell No.:** _____

Purpose of the Organization: _____

Dates of requested Theatre usage:

_____, _____, _____,

_____, _____, _____,

_____, _____, _____.

Will you need an adjacent Meeting (Dressing) Room? _____ Yes _____ No

Please describe the type of event: _____

Expected size of audience: _____ (430-seat limit)

Expected amount of performers/people on stage: _____

A 50% deposit also must be submitted with the Theatre Use Application Form. The deposit will be returned immediately if the application is not accepted. If the application is approved, the Library will deposit the funds, which are non-refundable except in cases of emergency closings which would result in having to cancel the requested date.

Not less than seven (7) days prior to the approved usage date, the remaining balance (50%) must be paid to the Library. *Only checks or money orders made payable to the Elmont Public Library will be accepted.*

NO SOLICITATION OR COLLECTION OF FUNDS IS PERMITTED ON LIBRARY PROPERTY.

RELEASE: The above named organization and/or user does hereby indemnify and hold harmless the Elmont Public Library, the Elmont Union Free School District, its agents and employees against any and all claims including, but not limited to, claims for property damage or loss and claims for personal injury which may arise out of or in conjunction with the use of its premises and/or equipment. We also have received, read and agree to abide by the Library's "**Theatre Use Policy, 700-3.**"

Signature of Authorized Officer (Applicant)

Address

* * * * *

(Library Use Only)

\$500.00 security deposit given on _____ Check # _____

Estimated fee:
Hours _____ x \$150.00 = \$ _____

Daily rate if not hourly (\$1,000.00) \$ _____

Audio-visual technician:
Hours _____ x \$28.00 = \$ _____

Total estimated fee: \$ _____

50% deposit: \$ _____ Date _____ Check # _____

Balance due seven (7) days prior to event on _____

Date _____ Check # _____