



# WCT Facilities Rental Application

1225 Berkeley Street • Durham NC 27705  
(919) 286-4545 • [www.walltownchildrenstheatre.org](http://www.walltownchildrenstheatre.org)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Rental Space(s): \_\_\_\_\_

Rental Date(s): \_\_\_\_\_

Rental Time(s): \_\_\_\_\_

Is this Event: Open to the public?  yes  no

A private Event?  yes  no

Will an admission fee be charged?  yes  no

What will the admission fee be? \$ \_\_\_\_\_

The Maximum # of tickets that can be sold for a single performance/Event is:

BBox Theatre Seating - 68

Studio B - 35

## Concessions

WCT reserves the right to sell concessions at all events held at the Theatre. Please list all Non-Concession Items to be sold at event (ie: CD's, Shirts, etc...) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MARQUEE & DISPLAY BOARDS** If you would like to have a message displayed on the marquee, please provide the information below. Your Message is guaranteed to be displayed exclusively on rental date(s) only. (Note: Space is limited, Be as specific as possible. Your message is subject to being edited for space.)

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Security Deposit of **\$100.00** due upon confirmation of availability and submission of application. In the event of Cancellation by Lessee, Deposit is not refundable. Deposit is also forfeited by Lessee if cleaning checklist is not fulfilled. Applicable rental fee(s) must be paid in full before the end of each rental date.

*(please initial each to acknowledge)*

\_\_\_\_\_ I/We, as the applicant, agree to be fully responsible for the facilities per conditions as outlined in the rental contract.

\_\_\_\_\_ I/We understand that this form must be completed and returned to WCT along with Security Deposit to secure the potential date(s).

\_\_\_\_\_ I/We understand that the designated Rental Rate shall be paid in Full and proof of insurance shall be supplied no later than 48 hours prior to the date of the event.

\_\_\_\_\_ I/We also understand this request is subject to the approval of the WCT Executive Director.

\_\_\_\_\_ I/We understand that Facility Use must be approved prior to advertising the event.

\_\_\_\_\_ I/We understand that if I/We cancel the event for any reason, the Security Deposit shall be forfeited.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF EVENT/ACTIVITY YOU PLAN ON HAVING

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