

PARK HALL RENTAL FORM

P.O. Box 1027, Ben Lomond, CA 95005

parkhall.benlomond.org

Hall Manager: Sheila Bongiovanni, (831) 345-3835; sbbongi@gmail.com

Applicant name: _____ Applicant email: _____

Applicant address: _____

Phone: _____ (home) _____ (cell) _____

Emergency contact name and phone #: _____

Date of request: _____ Date(s) of event(s): _____

Start/end times of event(s): _____ (must include prep and clean-up)

Type of event: _____ Estimated attendance*: _____

***Maximum capacity of hall is 250, including performers and staff**

Alcohol served: Y/ N Alcohol sold: Y/ N ***Please provide appropriate permits with application form.***

Non-profit? Y/ N (If Y, please provide NP #: _____)

The following will be needed:

Stage: Y/ N Tables: Y/ N Chairs: Y/ N Dressing Rms: Y/ N

Blackboard: Y/ N *Sound system: Y/ N *Stage lights: Y/ N

Piano: Y/ N **Digital/video/sound systems: Y/ N

***The professional sound system with soundboard and stage lights with light board are the property of Mountain Community Theater. If you wish to use them please contact MCT at parkhall@mctshows.org**

****Please see additional charges for this equipment listed on rate tables**

Please read the INSTRUCTIONS, TERMS AND CONDITIONS for rental listed separately as well as the CHECKLIST for walk-throughs prior to and after the event. You must send this form to our mailing address (listed above), along with a Certificate of Liability Insurance for \$1,000,000 and a deposit check of \$250, **to be received at least 30 days** before the beginning event date. Certificate holder should be listed as:

Park Hall Trust, 9370 Mill Street, Ben Lomond, CA 95005.

I have read and agree to all terms and conditions for the rental of Park Hall and understand that any breach of this contract may result in forfeiture of part or all of the security deposit and/or cancellation of the contract. I certify that I shall be personally responsible, on behalf of my group or organization, for any damage sustained to the hall premises, furniture or equipment, and I understand that I will be billed for any damages exceeding the initial deposit and/or may be denied future use of the hall. I also agree to hold the Park Hall Trustees, agents and employees thereof, free and harmless from any loss, damage, liability, cost or expense that may arise during, or be caused in any way by such use or occupancy of Park Hall.

Applicant's Signature: _____ **Date:** _____

Park Hall Manager to complete below and return copy to applicant:

Walk-throughs scheduled: Pre-event date _____ time _____
Post-event date _____ time _____

Date application, Certificate of Liability Insurance, \$250 deposit, and required permits received: _____

Date approved by Board of Trustees and cleared by Park Hall Manager: _____

Date (within 7 days of approval) copy of contract sent to applicant via US mail and email: _____

Approximate total charges, due immediately at close of event (exceptions per agreement): \$ _____