

Presque Isle District Library
Rogers Theater Rental Agreement

Organization/Business/Individual: _____

Contact Person: _____

Address: _____

Email: _____ Phone: _____

Non-Profit: _____ Private Individual: _____ For Profit: _____

Please attach proof of non-profit status (if applicable) to this agreement form.

Purpose of Rental: _____

Estimated Attendance: _____ (Theater capacity is 285 seats)

Times requested for use: **Please include set-up time if applicable.**

Monday: _____ Set up time: _____ Time of Event: From: _____ To: _____

Tuesday: _____ Set up time: _____ Time of Event: From: _____ To: _____

Wednesday: _____ Set up time: _____ Time of Event: From: _____ To: _____

Thursday: _____ Set up time: _____ Time of Event: From: _____ To: _____

Friday: _____ Set up time: _____ Time of Event: From: _____ To: _____

Saturday: _____ Set up time: _____ Time of Event: From: _____ To: _____

Sunday: _____ Set up time: _____ Time of Event: From: _____ To: _____

(Please be sure to fill out an attendance sheet on the day of the event)

____ **No equipment nor tech assistance required**

____ **Tech equipment (sound and AV support) required**

*Charge may be assessed for special equipment-please arrange ahead-all payments to be made at time of meeting or before, unless prior payment arrangements have been made.

____ Concessions ____ Screen ____ DVD Player ____ LCD Projector ____ Laptop or Computer Equipment*

____ Microphone and Speakers ____ Supplies* (including food and beverage requests)

Rental Fee: _____ Deposit: _____

The undersigned agrees to the terms and conditions set forth in the attached **Rogers Theater Usage Policy**. **Please make check payable to Presque Isle District Library, and mail to 181 E. Erie Street, Rogers City, MI 49779. Please sign, scan and return rental agreement via above address and/or email to director@pidl.org, annebelanger@pidl.org, and rct@pidl.org**

Authorizing official representing "The Renter" (signature required) Print Name / Date

Authorizing official representing Presque Isle District Library (signature required) Date