

Amherst Regional High School
190 Willow Street, Amherst, Nova Scotia B4H 3W5
(902) 661- 2540 Fax: (902) 661-2535
Email: susantaylortheatre@ccrsb.ca
ARHS Website: www.arhs.ccrsb.ca

PERMIT FOR USE OF
SUSAN TAYLOR THEATRE

PART 1 (Applicant)

SCHOOL GROUP

COMMUNITY ORGANIZATION

Youth

Adult

OTHER

NAME OF GROUP: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DATES WISHING TO BOOK: _____

DURATION (please allow time for setup & cleanup):

Start Time: _____

End Time: _____

REASON: _____

NOTE: All bookings including rehearsals or extra time needed are to be made at the same time, as the theatre may not be available at a later date.

Equipment Needed? (Please list all equipment that you may need for your event i.e....microphone, table, chairs, etc.) If we have the equipment we will make sure that it is available for your use. Only qualified users cleared by the committee will be able to use the theatre's equipment. Also please note that the renter is responsible for any damages that may occur. We cannot guarantee use of equipment unless it is specified at booking.

ADMISSION CHARGED: Yes

No

If Yes, Admission Price: _____

[NOTE: Payment is expected with the return of this application unless prior arrangements are made with the Principal of ARHS.]

Signature of Applicant

Date

**Custodian/Security costs @ 18.06/hr. FOR A MINIMUM OF 2 HOURS
plus 14% for employer costs for such items as CPP and EI.

PART 2 (Office Use Only)

Use of Theatre:

Confirmed

Denied

If denied, reason: _____

Fee Charged: Yes

No

Amount: \$ _____

Down Payment of 50% may be requested. _____ \$ _____
(Date) (Amount)

Damage deposit required: Yes No Amount: \$ _____

Custodial/Security Required: Yes No Fee: \$ _____

If No, Reason: _____

Bar Required: Yes No \$ _____

Theatre Equipment Needed Yes No Fee: \$ _____

List: _____

Date Copy of Policy/Instructions on use of the Theatre given to group: _____

ADDITIONAL INSTRUCTIONS: _____

Date invoiced for rental: _____

Total amount of invoice: \$ _____

Custodian hours: _____

Date invoice paid: _____