



McCain Community Theatre Rental Application Form



Organization Name:			
Contact Person:			
Mailing Address:			
E-mail:			
Phone #:		Cell Phone #:	

Date(s) Requested Y-M-D	Function <i>Setup/rehearsal or performance</i>	Facility <i>Auditorium or Black Box</i>	Requested time Start	Requested time End	TOTAL HRS

Do you need access to:

Dressing Rooms:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ticket Booth:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sound Booth:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lights:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Load In Storage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Loading Dock:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spotlight:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Open/close Curtains:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Projector:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Projector Screen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grand Piano:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Piano:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you need?

Ticket Takers:*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	* Extra Cost
Security:*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Briefly describe your event:			
# of performers:		# People in the audience:	

Signature of Applicant

Date

Return the completed and signed application form and **non-refundable \$100 booking deposit** to: McCain Community Theatre Attention: Town of Woodstock
244 Connell Street Woodstock, NB E7M 1M2 or email to: info@woodstocknb.ca

*A quote will be provided to user after application is completed and submitted to coordinator.
No advertisement of event by user is to be done until booking contract is finalized.*

OFFICE USE ONLY

WHS ___ ASD-W: ___ TOW: ___ ST ___