+CITY OF WEST SACRAMENTO
Black Box Theater
RESERVATION APPLICATION

Date of Application_____

Renters Name_____

Organization_____

Address_____

City_____State_____Zip_____

Primary Contact Person

Name _____

Address_____City_____State_____Zip_____

Phone: Day ( )_____Evening ( )_____Email_____

Secondary Contact Person (This person will be contacted if the primary contact person is unavailable)

Name_____

Phone Day ( )_____Evening ( )_____Email_____

Estimated attendance

During performances_____

During rehearsals _____

Dates of use

(Please include the entire time you will need the theater from load in to load out- Detail on next page)

_____

_____

Type of event (Please be specific)

_____

_____

_____

_____

What areas do you plan to rent?

- ☐ Black Box Theater
- ☐ Skyline Room
- ☐ Treetop Room

THEATER USE REQUEST CALENDAR

Please detail out **each day** you will need to use the theater space from load in to load out. Indicate use by inserting the **date and times** you anticipate being in the theater. If renting different rooms, please specify which room you'll be using at what time. If it is a rehearsal, please specify whether it's a blocking (non-technical) or tech rehearsal.

Month(s):_____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Schedule notes (Use the space below to elaborate on schedule as needed):

Event Information

Are you a non-profit agency? ☐ Yes ☐ No

If yes, please provide your 501C3 identification number _____

Will admission be charged to attend this event? ☐ Yes ☐ No

Is this a fund-raising event? ☐ Yes ☐ No

Do you plan to *have* alcohol at this event? ☐ Yes ☐ No

Do you plan to *sell* alcohol at this event? ☐ Yes ☐ No

Will there be minors at your event? ☐ Yes ☐ No

Do you plan to have amplified sound/music? ☐ Yes ☐ No

If yes, what type_____

Will your event be open to the public? ☐ Yes ☐ No

FEE SCHEDULE

Black Box Theater Rental Fees	Nonprofit & Government Rates	Private Party Rates (Resident)	Private Party Rates (Non-Resident)
Security Deposit (refundable)	$250 (no–alcohol) $500 (alcohol)	$500 (no–alcohol) $1000 (alcohol)	$500 (no–alcohol) $1000 (alcohol)
Event Cleaning	$185	$185	$185
Black Box Theater	$76.00 per hour	$95.00 per hour	$114.00 per hour
Theater Tech	Fully burdened staff rate	Fully burdened staff rate	Fully burdened staff rate
Facility Attendant (includes room setup)	Fully burdened staff rate	Fully burdened staff rate	Fully burdened staff rate
I.T. Staff (advanced AV access)	Fully burdened staff rate	Fully burdened staff rate	Fully burdened staff rate
Security (per hour, 4 hours minimum)	$35 per hour	$35 per hour	$35 per hour
Overflow Parking Fee (mandatory for events occurring Mon-Fri 8 am - 5 pm)	Fully burdened staff rate	Fully burdened staff rate	Fully burdened staff rate
Treetop Room	$48 per hour	$60 per hour	$72 per hour
Skyline Room	$48 per hour	$60 per hour	$72 per hour
Skyline / Treetop Combined	$72 per hour	$90 per hour	$108 per hour

Please read and sign below

I, (print name)_____, certify that by affixing my signature hereto that[I am an authorized representative of_____], I am over twenty one (21) years of age; and that [on behalf of said organization] I have read and understand the City of West Sacramento recreation facilities' policies, rule and regulations, and above terms and additional conditions, if any, and that I [said organization] shall abide by them; I am fully aware that responsibility for the safety and well-being of all persons who participate or observe in said [organization's] activities is ours; and , I agree that the City of West Sacramento, its City Council, Officers, Agents, and Employees are released, indemnified, and held harmless from any and all claims, causes or action, losses, costs, expenses, damages, or other liabilities for personal injury or death or property by any person or person connected with said activities that may be sustained, caused by or alleged to have been caused by or arising out of the use of the above facility [by said organization.] I further agree that I/said organization will leave said facility in same or better condition in which it is presented to myself/said organization. If the facility is not cleaned or damage occurs, the deposit will be used to restore the facility to the condition in which it was presented to myself/said organization. If damage exceeds the deposit amount, I/said organization will be billed for the remainder. I/said organization also agrees to refrain from using glitter in any costumes, props and other items brought into the theater. In addition, I grant the City of West Sacramento and our affiliates permission to take photos/video of me and my participants to be used on the City's website, social media and departmental publications.

RESPONSIBLE PERSON (Print)_____

SIGNATURE_____DATE _____

City of West Sacramento Parks and Recreation Action: Signature below indicates approval of application and authorization of permit.

SIGNATURE_____DATE_____

TITLE _____