

# Hays Community Theatre Facility Rental Agreement

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Number of People Expected: \_\_\_\_\_ (Theatre occupancy capacity is 149)

## **Facility Area Rented:**

### **Rental Fees**

### **Private/Business**

### **Non-Profit/Affinity** **(at board discretion)**

Hays Community Theatre Space  
(6 or more hours)

***\$350.00***

***\$175.00***

Hays Community Theatre Space  
(Up to 6 hours)

Hourly rate: \$40.00/hour

Security Deposit (Check held)

***\$250.00***

***\$250.00***

Amount Due at signing: \$ \_\_\_\_\_ Balance due 30 days prior to event: \$ \_\_\_\_\_

Security Deposit is due at time of signing of rental agreement, and balance of rent is due at least thirty (30) days prior to date of event. The security deposit will be returned in full or in part after the facility satisfactorily passes inspection. Please return this agreement with the Facility /Indemnity Agreement and insurance certificate.

I have read the Hays Community Theatre Rental Agreement and the Facility Guidelines and understand and accept its conditions.

Signature of Renter \_\_\_\_\_ Date: \_\_\_\_\_

HCT Signature \_\_\_\_\_ Date: \_\_\_\_\_