

WEHL STREET THEATRE BOOKING FORM

Hirer/Account Name: _____

Address: _____

Postcode _____

Mobile Ph: _____

Other Contact No: _____

Email: _____

I have read and understand the terms & conditions of hire and agree to abide those conditions of the Wehl Street Theatre set by Centrestage Community Theatre Incorporated – Managing body.

Name _____ Position _____

Sign _____ Date _____

Return booking form to:

Centrestage Community Theatre Inc.

PO BOX 2093, Mount Gambier SA 5290

Telephone 0437 715 910

Email wehlstreettheatre@gmail.com

Contact Person _____ Phone _____

Nominated person in charge _____ Phone _____

Purpose of Hire _____

Which of the following best describes the nature of your organisation's activity?

A. Business or Commercial Group B. Charitable, Non – Profit, School or Community Group

Do you agree for Centrestage to promote your event via the Wehl Street Theatre website?

If YES please provide promotional material (Posters/flyers/photos) to the booking officer prior to your event

If NO, basic booking Event booking information will still be listed on the website i.e. Name/Date of Event.

Office Use:

Deposit Public Liability

Invoice

Paid

CLEANER

THEATRE TECHNICIAN

PIANO

PROJECTOR

(Cleaner & Theatre Tech at additional cost)

THEATRE BOOKING FORM

DATE	THEATRE BUMP IN/OUT TIME AM/PM	THEATRE – Rehearsal Only	THEATRE – Performance	START TIME AM/PM	FINISH TIME AM/PM
Cleaning time if different from Bump Out					

EAST WING BOOKING FORM

DATE	EAST WING	WORKSHOP/PROPS ROOM	START TIME AM/PM	FINISH TIME AM/PM

Please note: Any electrical Appliance and equipment bought into the theatre must be safety tested and tagged