

# 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](mailto: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