

Rental Application Information**Abbotsford Arts Centre**

Title of Event		Date(s) Requested	
Event Start Time(s)	Anticipated hours for load-in	Anticipated hours for load-out	
Producer/Organization			
Mailing Address			
City		Province	Postal Code
Phone Number	Cell Number	Fax Number	
Person Signing the Agreement		Title	

Contact Information

Primary Contact:	Name	Title
Daytime Phone	Cell Phone	Email
Technical Contact:	Name	Title
Daytime Phone	Cell Phone	Email

Event Information

Description of Event:	
Type of Event:	
Is this a ticketed event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seating: <input type="checkbox"/> Reserved <input type="checkbox"/> General Admission
Is the event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Audience: <input type="checkbox"/> All Ages <input type="checkbox"/> Adult <input type="checkbox"/> Teen <input type="checkbox"/> Children
Approx. length of performance: ___ hrs ___ mins	Will there be an intermission? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you film or tape your event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos or videotaping allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will merchandise be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Before OR <input type="checkbox"/> After performance
Name of Insurance Broker who will provide Liability Insurance:	

Date of Application:
Signed

Please return completed application to: **Abbotsford Arts Centre 2329 Crescent Way, Abbotsford, BC V2S 3M1**

Ph: (604) 853-0966 Fax: (604) 853-0951 www.abbotsfordartscentre.ca