



Room Usage Form

Name of Event: _____

Individual/Organization: _____ Non-profit: Yes or No

Address: _____

Phone: _____ Email: _____

Check Room(s) Requested: _____ Studio (65 persons max.) _____ Meeting Room (10 persons max.)

Event Date(s)/Time(s): _____

Set-Up Date/Time: _____ Removal Date/Time: _____

Admission/Fees to be Charged: _____ Estimated No. of Attendees: _____

Event Description: _____

Food/Beverages to be Served at Event: Yes or No

Equipment to be Brought In (*e.g., amplifiers-sound levels will need to be approved, instruments, CD players*) _____

Facility Equipment Needed (*e.g., no. of chairs, tables*): _____

Do you have Liability Insurance?*: Yes or No

Suggested Donation or Fee: _____ (*Please contact TOSCAC for information.*)

I agree to abide by the terms of the Town of Southeast Cultural Arts Coalition Room Usage Policy (at www.oththeater.org), and the Hold Harmless Agreement.

Name (*Printed*): _____ Date: _____

Signature: _____

Contact Name (*if different from above*): _____

Contact Phone: _____ Email: _____

TOSCAC Approval Signature: _____ Date: _____

**See the information outlined in the Room Usage Policy under Liabilities.*

(*For Office Use Only*)

Donation/Fee Paid: \$ _____ Check No.: _____ Date Received: _____

Custodial Charge (*if applicable*): \$ _____ Comments: _____
