



**Capistrano Center for the Performing Arts  
Camino Real Playhouse**

**Theatre Facility Rental Agreement**

Name of Event \_\_\_\_\_  
 Name of Individual or Group: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Usage Date/s: \_\_\_\_\_ Show Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_  
 Onsite responsible person if different from above \_\_\_\_\_ Cell \_\_\_\_\_  
 Special Requirements (tables, wheelchair space, etc.) \_\_\_\_\_  
 Bar Requirements \_\_\_\_\_

**PERFORMANCE RENTAL FEES:** Mainstage - \$750.00 Stage 2- \$500 for 4 hour-period

**REHEARSAL FEES:** Mainstage - \$100.00 per hour Stage 2- (4-hour min)

**DEPOSIT:** \$300.00 Refundable Security/Cleaning Deposit

**RESERVATION DEPOSIT: NONREFUNDABLE**

ITEM	AMT. DUE	AMT. PAID	RECEIVED BY	DATE
Security /cleaning /reporting deposit.	\$ 300.00 At signing			
Rental Fee - half due at signing	\$			
Rental Fee balance due 1 month prior	\$			
Light /Sound Tech set up per show	\$100.00 at signing			
Tech Operator per performance	\$100.00 at signing			
Other Rentals				
Deposit refunded				

**Basic Usage Rules**

**No tape on any surface of the Theatre. Clean your area after usage. No food or drink in auditorium or d/r.**

I agree to the Basic Usage Rules above. I agree to indemnify and hold harmless South Orange County Community Theatre (SOCCT), d.b.a. **Camino Real Playhouse** for any and all claims made, of whatever nature, against SOCCT as a result of my or my group's use of SOCCT facilities under this Agreement.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 1-6-2014