

VIRGINIA THEATRE RENTAL USE APPLICATION

Proposed Date(s) & Time(s) of Use: _____

Alternate Date(s): _____

Legal Name of Rental
Sponsor/Promoter: _____

Billing Mailing Address: _____

Phone: Business: () _____ Other: () _____

Fax: () _____ email: _____

Presenter is:

_____ Not-for-Profit (defined as organizations that can provide an IRS Letter confirming their status under item 501 c (3) of the Internal Revenue Code at the time of reservation. This is also offered to religious institutions and private schools.)

_____ Government Agencies (defined as those agencies that are funded through tax dollars. This rate is also offered to public schools, municipalities, libraries, and park districts.)

_____ Private Corporation/Partnership/Individual (defined as all organizations that do not meet the definitions of Not-For-Profit or government agencies).

Federal Identification Number:

If Presenter is a corporation, in which state is it incorporated: _____

President: _____

Vice President(s): _____

Financial Officer: _____

If Presenter is a Partnership, in which state is it registered: _____

Names of Partners: _____

Please list below three (3) venues in which presenter has presented events within the past year:

Name of Venue:	Name of Manager:	Telephone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Presenter's bank: _____

Address: _____

Telephone Number: _____

Each presenter is required to fully insure itself, its officers, directors, employees, agents, and presentations at its own expense for Worker's Compensation and Employer's Liability (including disability benefits); Comprehensive general Liability (Personal Injury, including bodily injury, \$1,000,000 per occurrence); Theft and Fire Insurance (with applicable extended cover age clause) for all properties brought into the Virginia Theatre, including without implied limitation, the property of third persons under the control of the Presenter.

Does Presenter have its own insurance? Yes _____ No _____

Name of Presenter's Insurance Company: _____

Address: _____

Telephone Number: _____

You will be required to provide a certificate of insurance with the Champaign Park District named as additional insured if this event is approved.

Please give a short description of your proposed event:

Title of program: _____

Length of program: _____ Number of Intermissions: _____

Please attach a technical rider outlining clearly the staging requirements for your event. This information must include sound, light, load-in and load-out information.

Will this event be:

_____ For public sale _____ By invitation only _____ Free (tickets required)

_____ Other, please attach details

Please list any additional information about your presentation you feel is relevant:

It is hereby agreed to by the person/organization (Presenter) requesting the use of the Virginia Theatre that no information or publicity of any nature relating to the proposed event may be announced or released in any manner until a contract is executed between the Champaign Park District and Presentor and the required deposit has been paid.

Furthermore, Presentor hereby represents that a full, accurate, and complete disclosure of all information has been made and that above statements and information are true and correct.

Name: _____

Title: _____

Date: _____

Please return this request and all supporting materials to:

Jameel T. Jones, Cultural Arts Manager
Virginia Theatre
203 W.Park Avenue Champaign, IL 61820

THE PROPOSED DATE IS NOT CONFIRMED UNTIL THE ABOVE INFORMATION IS COMPLETED AND RETURNED, AND THE EVENT IS APPROVED BY THE CHAMPAIGN PARK DISTRICT.