

## **APPLICATION FOR THEATRE HIRE**

Please read our Terms and Conditions prior to completion of this form. Thank you.

F. ront					
Event	: TITLE				
Name	e of Organisation				
Conta	act Name				
Email	Address				
Mobi	le Number				
Corre	spondence Address				
Brief	Description				
	ur Event				
-	make it exciting!				
PERF	ORMANCE SCHEDUL		Ţ		1
	DATE(s)	C	AST & CREW	DOORS OPEN	APPX TIME OUT
	DATE(3)		TIME IN		
1	DATE(3)		TIME IN		
1 2	DATE(S)		TIME IN		
	DATE(5)		TIME IN		
2	DATE(S)		TIME IN		
3	DATE(5)		TIME IN		
3	DATE(5)		TIME IN		
2 3 4	PERFORMANCE		TIME IN		
2 3 4			DATE(s)	TIME IN	TIME OUT
2 3 4 PRE-F					
2 3 4 PRE-F	PERFORMANCE				
2 3 4 PRE-F	PERFORMANCE TION(s)				
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2 3 4 PRE-F AUDI If app REHE, Prefe	PERFORMANCE TION(s) blicable ARSAL PERIOD rred Day(s) If applica				



# THE DETAIL

How many people are involved in your	CAST	CREW	UNDER 17s	
event? Cast and Crew.				
*See notes below				
Sound & Lighting				
The Arden supplies a Technician for familiarisation. However, you are expected to				
have your own for your rehearsals & performances.				
Should you not have your own technician, be available for your production. The fee is		nd/Lighting Ted	chnician can	
Technician required for production @£10/	hr?			
Details of your Tech Crew's Experience				
Name of Techie				
Contact Mobile				
Will you be using a smoke machine / naked flames / firing weapons	Please specify	/.		
/pyrotechnics - that may set-off the				
alarm?				
Will you be bringing a set?				
Would you like The Arden Theatre to	Bar	Fron	nt of House	
provide LICENCED BAR and/or Front of				
House staff? No fees involved.				

The Arden Theatre Group is a Registered Charity No: 274906



## **PUBLICITY & TICKETING**

Author/Playwright (if applicable)		
Necessary Acknowledgments		
ie Samuel French		
Full Description of Event		
(For The Arden Website)		
Please also send advertising material		
description/images/flyers/posters		
Ticket Price (s)	Standard	£
Ticket Frice (3)	Concession	£
Online Booking URL	www.	
Number of tickets allocated for online		
bookings (Fee applicable)		
Box Office Location (eg: Carters)		
Box Office Telephone (External hirers		
only)		
INSUR	RANCE	
Your Insurance Company		
Your Policy Number		
Amount Cover		



#### **IMPORTANT**

Please read our <u>Terms and Conditions</u> attached to this document. This form should be completed and returned to <u>bookings@theardentheatre.co.uk</u> well in advance of your intended period of hire.

A production meeting will be organised for you to view the theatre / discuss your requirements and meet our relevant volunteer staff. It is advised that the Director and a member of your technical crew attend. Any special requirements or requests should be aired at this meeting. The Arden Theatre will contact you to arrange this meeting.

\*Should young people be involved in your event (17 and under), you will need to follow KCC Licensing requirements for <u>Safeguarding of Children</u> or have obtained a certificate of exemption. <u>ChildEmploymentandEntertainment@kent.gov.uk</u>
The above Hirer must demonstrate that their staff has DBS checks in place for working with young people aged 17 and under.

The Reservation Deposit is only refundable according to the policy detailed below.

#### **PUBLICITY**

The Arden Theatre will publicise your event using our mailing list and will add the production to both our website and Facebook page. We strongly recommend you undertake extensive publicity for your event and can recommend the following local websites as a good starting point:

www.faversham.org

https://www.visit-swale.co.uk/whats-on/

https://kentattractions.co.uk/

http://www.visitsoutheastengland.com/places-to-visit/kent



#### THE ARDEN THEATRE GROUP FEES

		FEE	NUMBER	TOTAL
			x	=
Events WITHOUT Music	Performance	£70		
Events WITH Music	Performance	£110		
Meetings/Auditions/Rehe	Theatre space per	£12		
arsals	hour including Foyer			
Meetings/Auditions/Rehe	Main Foyer space	£7		
arsals	only per hour			
Online ticket handling	Per Performance	£12		
Technical Assistance	per hour	£10		
			Total Payable	£
			+	
			Reservation	£100
			Deposit Paid	
			_	
			Due =	£

I have read and fully accept the Terms and Conditions.

I have paid, online, the Deposit of £100 to The Arden Theatre Group – I understand the deposit to be refundable according to refund policy, below, and accept that any damage or breakages, attributed to my hire, shall be invoiced to me directly. The balance of payment due shall be credited to the following account seven days before the first date of booking.

Reservation Deposit Refunds Policy – 100% refund 3 months prior to event date - 50% refund 2 month prior to event date – less than 2 months, no refund.

Receipt of the deposit will be acknowledged and will secure your booking detailed above.

# Account Name - The Arden Theatre Group - Account 32708572 - Sort Code 560051 Bank Nat West - REF:- (Your Event and Name)

Name of signatory	
(this must be the same as	
overleaf)	
Digital Signature	
Date	

Please return the completed form to <a href="mailto:bookings@ardentheatre.co.uk">bookings@ardentheatre.co.uk</a>

BOOKINGS CONTACT NUMBER 01227 730177
THANK YOU FOR YOUR INTEREST IN THE ARDEN THEATRE WE WILL ENSURE YOUR
TIME WITH US IS PLEASURABLE.

The Arden Theatre
Leslie Smith Drive Faversham Kent ME13 8PW
www.ardentheatre.co.uk