

**HENRICO COUNTY DIVISION OF RECREATION AND PARKS
FACILITY RENTAL APPLICATION FOR HENRICO THEATRE'S AUDITORIUM**

This Facility Rental Application must be completed and returned to the Henrico Theatre Site Manager at least thirty (30) days before the date requested. By signing below, the applicant acknowledges that he/she has read and understands the policies and fees established by the County of Henrico and set forth in the Facility Reservation Guide for the reservation and use of Henrico Theatre's auditorium.

A \$200 security deposit must be submitted with this application. **Please make checks payable to County of Henrico.** All required security deposits will be refunded to the applicant after the scheduled date of use and in accordance with established policies.

Rental applications and payment transactions for this facility are accepted during normal business hours, Monday through Friday from 8:00 a.m. to 4:30 p.m. For more information, please call Henrico Theatre at (804) 328-4491.

APPLICANT INFORMATION

Name: _____

Address: _____

City/State/ZIP Code: _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

E-Mail: _____

Business/Organization*: _____
(Only applicable if Business/Organization is the Applicant)

Address: _____

City/State/ZIP Code: _____

Federal ID #: _____

* I, _____, am executing this application on behalf of _____
(Business/Organization Name)
and warrant that I have been duly authorized to do so.

EVENT INFORMATION

Date(s) Requested: _____

Times Requested: (From) _____ (To) _____

Description of Event: _____

of Attendees Expected: _____ **Specific Area(s) Requested:** _____

Is this event open to the public? Yes No

Is this event for youth ages 12-20? Yes No

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY

Date Application Received: _____

Payment & Submission Deadline: _____

- Rental Payment
- Liability Insurance
- Schedule
- Setup Fee
- Setup & Equipment Request
- Off-Duty Police Fee
- Movie Licensing Fee

Rental Charges

Setup Fee: _____

Rental Payment: _____

Extra Hour(s): _____

Off-Duty Police Fee: _____

Movie Licensing Fee: _____

TOTAL Charges Assessed: _____

Security Deposit: _____

GRAND TOTAL: _____

Applicant Name: _____

Event Time: _____

Cleanup Time: _____

Application is Approved Denied

Site Manager: _____

Date: _____