135 N. 2nd St – Downtown DeKalb, IL – 60115
www.egyptiantheatre.org

Thank you for your interest in renting the historic Egyptian Theatre. Prospective renters must complete the attached application and submit it to the Egyptian Theatre. Applications will be reviewed and approved or denied prior to a rental contract being issued. The Egyptian Theatre seeks to rent for events that will be successful for both the venue & the renter and that are in line with our mission.

Important Information:

- The Egyptian Theatre is a historic performance venue with modern technology. Fee structure and venue requirements are established for users with experience in presenting and who have a strong understating of the many facets of event management that make for a successful event.
- As part of the approval process you may be contacted by the Egyptian Theatre to discuss specifics of your proposed event and rental cost.
- Rental applications must be received no less than 60 Days prior to the event date.
- A 10% deposit of entire rental cost will be due with the signed rental contract to secure a date. **DO NOT SEND PAYMENT WITH THIS RENTAL APPLICATION.**
- The Egyptian Theatre reserves the right to decline renting the facility to any applicant for any reason.
- If you are charging admission to your event or controlling attendance by issuing any type of ticket, then the Egyptian Theatre will be the sole and exclusive distributor of tickets for your event. A Box Office services form will be required to be submitted after the approval of this rental application.
- Please note that renters of the Egyptian Theatre must obtain and maintain comprehensive general liability insurance for bodily injury and property damage (including medical expense reimbursement coverage), in an amount not less than $1,000,000 per occurrence / $1,000,000 aggregate, covering claims by any event attendee, guest or participant and claims against renter or Egyptian Theatre rising out of any act or omission of renter or any renter participant, attendee, guest, staff or crew. Preservation of Egyptian Theatre, Inc. shall be named as an additional insured under the renter's insurance policies. Certificate of insurance evidencing required coverage is due at least two weeks prior to the start of the rental period.

To submit a rental application, receive additional information on the venue, and to check availability, please contact:

Egyptian Theatre
135 N. Second St.
DeKalb, IL 60115
Phone: (815) 758-1215
Email: info@egyptiantheatre.org

Last Modified 9/2015

To Be Completed by Egyptian Staff:
Received Date: _____
Approved Date: _____
Contract Issued: _____
Contract/Deposit Received: _____

EGYPTIAN THEATRE
PUBLIC EVENT RENTAL APPLICATION

All applications will be reviewed and you will be contacted by the Egyptian Theatre within business 10 days of receipt of your completed application. This form is a request to book dates and should in no way be construed as a commitment or a priority in booking the venue. Reservation is not guaranteed until a signed contract is received along with required deposit.

Applicant's Contact Information

Organization Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Organization Phone: _____ **Website:** _____

Organization Owners Name: _____ **Title:** _____

Work Phone: _____ **Cell Phone:** _____

Email: _____

☐ Check if same as above
Primary Event Contact Name: _____ **Title:** _____

Work Phone: _____ **Cell Phone:** _____

Email: _____

Is Organization a Non-Profit? ☐ Yes ☐ No
(Please attach proof of 501(c) 3 status. Non-profit organizations receive a discounted rental rate.)

Name of Event: _____

# of Participants (Approximate)**:** _____ **Estimated Length of event:** _____

Brief Description of Event: _____

_____

_____

_____

Preferred Rental Date(s):

Date	Start Time	End Time	Date	Start Time	End Time

Is this a ticketed event? ☐ Yes ☐ No

If yes, you will be required to use the Egyptian Theatre ticketing services and will need to submit a Box Office Services Form upon approval of this application and before a rental contract can be issued.

Will you sell merchandise (goods or services)? ☐ Yes ☐ No

If yes, please list: _____

Will there be any other vendors/ businesses/ organizations involved with this event? If so, please list

_____

_____

Is Photography Allowed? ☐ Yes ☐ No **Is Videotaping Allowed?** ☐ Yes ☐ No

Tech & production needs for the event will be finalized with the Theatre Venue Technician at a later date.

Signature

I understand that the submittal of this signed application does not guarantee the rental of the Egyptian Theatre and that the application is subject to approval or denial, for any reason, by the Egyptian Theatre. Applicant hereby represents that he/she has made a full and complete disclosure of all information which might be pertinent to the consideration of this application and that all of the statements and information are true and correct. Individual signing below warrants that he/she is of legal age, has the authority and right to submit this application and sign a rental contract. I agree that no advertising of any kind will take place for this proposed event until a rental contract is approved by PET Inc. and signed by all parties.

Signature_____ **Date** _____

Printed Name _____ **Title** _____

NO DEPOSIT IS DUE WITH THIS APPLICATION

Send completed application to:
MAIL: Egyptian Theatre, 135 N. 2nd Street, DeKalb, IL 60115
EMAIL: info@egyptiantheatre.org
FAX: 815-748-3292

References (For First Time Renters Only)

Below, please provide information on similar venues that you have leased within the last 3 years for the purpose of presenting similar events. By submitting this form you understand and authorize representatives of the Egyptian Theatre to contact your references provided.

Name of Venue**:** _____ Capacity: _____

Name of Event: _____ Date of Event: _____

Venue City: _____ Venue State: _____

Contact Name: _____ Title: _____

Contact Phone: _____ E-Mail: _____

Name of Venue**:** _____ Capacity: _____

Name of Event: _____ Date of Event: _____

Venue City: _____ Venue State: _____

Contact Name: _____ Title: _____

Contact Phone: _____ E-Mail: _____

Name of Venue**:** _____ Capacity: _____

Name of Event: _____ Date of Event: _____

Venue City: _____ Venue State: _____

Contact Name: _____ Title: _____

Contact Phone: _____ E-Mail: _____