John A. Williams Theatre
Application For Facilities Lease

Applicant Information

Name Of Corporation/Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact For Applicant

Name: _____ Title: _____

Phone: _____ E-mail: _____

Event Information

Event Title: _____

Event Description: _____

_____

Date(s) Requested: From: ___/____ /_____ to: ___ /___ /_____

Month Day Year Month Day Year

Number of Performances:_____

PLEASE READ CAREFULLY

Our event calendar is very full and competition for open dates is in high demand. We cannot accommodate all requests.

Rental clients must show a successful history of presenting in venues of 2,000 capacity or more.

Rental clients must demonstrate the commercial viability of their presentation, including a marketing plan designed to deliver sales of at least 1,500 tickets.

All events must be publicly ticketed and marketed, sold exclusively on Ticketmaster. No other ticket sale outlets will be allowed.

No event will be considered unless there is at least a 6 week out on sale window or more from requested event date.

If show has not sold at least 1,000 tickets 2 weeks prior to event date, venue reserves the right to either reschedule or cancel the event. Deposits will be retained.

No date is guaranteed or considered firm until a signed contract is executed and all deposits and other required forms are in place.

References

Below, please provide information on local venues of 2,000 seats or greater that you have leased within the last 12 months for the purpose of presenting similar events. If you have no local history, please provide information on similar venues in other cities. Dance Clubs do not qualify as venue references.

Venue 1: _____ City: _____
Event: _____
Capacity: _____ Sold: _____ Month/Year Booked: _____
Contact Name: _____ Contact Title: _____
Email address: _____ Phone: _____

Venue 2: _____ City: _____
Event: _____
Capacity: _____ Sold: _____ Month/Year Booked: _____
Contact Name: _____ Contact Title: _____
Email address: _____ Phone: _____

Venue 3: _____ City: _____
Event: _____
Capacity: _____ Sold: _____ Month/Year Booked: _____
Contact Name: _____ Contact Title: _____
Email address: _____ Phone: _____

The above information must be provided in full and verified, before a Facilities Lease Agreement can be initiated. It is understood that the Cobb Energy Performing Arts Centre may, or may not, grant approval of the request set forth above. 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.

Authorized Signature For Applicant: _____ Date: _____
Please Print Name And Title: _____ Title: _____