

Dobie West Performing Arts Theatre

Theatre Rental Agreement (2025)

Name of Organization:

Organization Website Address:

Organization Contact Information:

Name:

Address:

City/State/Zip:

Phone Number:

E-mail Address:

Who will be responsible for obtaining and returning the key? (No copies should be made).

Day and Date (s) Required:

Time (s) Required on each Day and Date:

Set Up Date and Times:

Number of people expected to attend each event.

Will technical assistance be required? If so, for what?

*If additional lighting &/or sound controls are needed there will be an additional charge of \$() for technical assistance.

Will microphones be required? Yes No How many if needed?

Will a movie be shown? Yes No If so which one?

If yes, you must provide a DVD or other application of the movie. Also, signing this form releases any copyright requirements from the Dobie West Performing Arts Theatre and to the entity that rents the theatre. If you are not charging a fee, you may not have to pay copyright fees.

- ☐ **Lobby** (\$50 + \$15 Custodial)
- ☐ **Auditorium** (\$100 + \$30 Custodial)
- ☐ **Both** (\$150 + \$45 Custodial)
- ☐ **Concession** (\$3 per person [soda/water & popcorn]) # of people to be served:
Outside food allowed with DWPAT approval only.
Please request outside food here:

- ☐ **Added Extras:** *Movie Showing and Technical Assistance Additional cost will depend on technical assistance required.

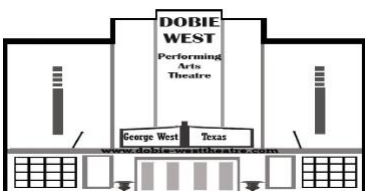
Total Due Based on Rental Choices & Added Extras:

Signature of renter:

Date:

Date Payment Received:

- ☐ Check (Check #)
- ☐ Cash
- ☐ Credit Card



P.O. Box 1223
304 Houston Street
George West, Texas 78022

PHONE 361-436-1098
EMAIL dwpat@yahoo.com
WEBSITE www.dobie-westtheatre.com