



Rental Application

Please return completed application to: Merced Theatre 301 W Main St. Merced, CA 95340

Phone: 209-381-0100 Email: info@mercedtheatre.org

Licensing Agreement Information:

Please Print Clearly

Title of Event		Preferred Date(s)		Show Time(s)
Producer / Organization Signing the Agreement				
Mailing Address – Street / Post Office Box				Suite / Apt. Number
City, State		Zip Code		
Web Site Address		Are you a nonprofit 501(c) 3 corporation? <input type="checkbox"/> Yes* <input type="checkbox"/> No		* Must provide a copy of your Internal Revenue Service 501(c)3 Acceptance Letter 1045
Person Signing the Agreement	Name			Title

Contact Information:

Primary Contact	Name/Title		Email	
Primary Contact Number	Type	Secondary Contact Number	Type	Fax
Ticket Information	Name		Email	
Primary Contact Number	Type	Secondary Contact Number	Type	Fax
Marketing/Publicity	Name		Email	
Primary Contact Number	Type	Secondary Contact Number	Type	Fax
Technical	Name		Email	
Primary Contact Number	Type	Secondary Contact Number	Type	Fax

Event Information:

Description of Event (Please include as much detail as possible about what patrons will see at your performance/event)				
Type of Event: <input type="checkbox"/> Concert <input type="checkbox"/> Musical <input type="checkbox"/> Drama <input type="checkbox"/> Comedy <input type="checkbox"/> Meeting <input type="checkbox"/> Dance <input type="checkbox"/> Other:				
Is this a ticketed event? <input type="checkbox"/> Yes <input type="checkbox"/> No		Seating: <input type="checkbox"/> Reserved <input type="checkbox"/> General Admission		Is event open to public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approx. Length of Performance: hr min		Will there be an intermission? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? <input type="checkbox"/> One <input type="checkbox"/> Two		Are there any restrictions on alcohol being served ? <input type="checkbox"/> Yes <input type="checkbox"/> No* If No, Additional charges may apply
Anticipated Attendance:		Suitable Ages: <input type="checkbox"/> Any Age <input type="checkbox"/> 6 Yrs Old + <input type="checkbox"/> 18 Yrs Old + <input type="checkbox"/> Adults Only		
Will you be filming/taping your event? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is photo/video recording by patrons allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will merchandise be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Merchandise Contact: _____ Tel: _____		
Will you provide Merch Sellers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please visit rental agreement for current merchandise rates.		
Will you have a reception at the theatre? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Before performance <input type="checkbox"/> After performance <input type="checkbox"/> Catered <input type="checkbox"/> Alcohol				

By Submitting this application you understand that the date(s) requested will NOT be held until this application is approved, and dates will not be confirmed until a signed lease agreement is executed and deposits are secured.

Revised: 04/15/2015



THE ART KAMANGAR CENTER AT THE MERCED THEATRE

301 W Main St. Merced, CA 95340-4819
(209) 381-0100 • Theatre

www.mercedtheatre.org
(209) 381-0500 • Box Office

Box Office Services Form (Rev 04/15/2015)
Please Complete one copy of this for each event

Event Information:

Name of Event: _____
Presented by: _____
Seating Type: ☐ General Admission ☐ Reserved
Public Date: _____
Begin Ticket Sales: _____

Event Website: _____

Performance Date: _____
Start Time: _____
Doors: (Min one hour prior to start time) _____

Performance Date: _____
Start Time: _____
Doors: (Min one hour prior to start time) _____

Performance Date: _____
Start Time: _____
Doors: (Min one hour prior to start time) _____

Contact Information for Box Office and Ticketing Issues:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____
Evening Phone: _____
Cell Phone: _____
Email: _____

Timing Information:

Number of Acts: ☐ One ☐ Two ☐ Three
Length of each act: ☐ One ☐ Two ☐ Three
Number of intermissions: ☐ None ☐ One ☐ Two
Length of each intermission: One _____, Two _____
Total Run Time of Event including all intermissions:
_____ Hrs. _____ Mins.

Other:

Videotaping allowed: ☐ Yes ☐ No
Flash Photography allowed: ☐ Yes ☐ No
Photography Without Flash allowed: ☐ Yes ☐ No

Are Strobes Being Used : ☐ Yes ☐ No
Is Fog or Haze Being Used : ☐ Yes ☐ No

Event suitable for ages: _____
Event content warnings: _____

Additional Information:

Price Information:

Prices Listed below must include all applicable ticketing fees and be your advertised prices.

No Cost up to \$49.99 \$5.00 per ticket

For tickets from \$50.00 up to \$74.99 \$7.00 per ticket.

For tickets above \$75.00 please consult with the Managing Director for accurate ticketing fees.

Complimentary tickets are subject to the Historic Restoration Fee.

Expected total number of tickets sold and comped? _____

Please list prices and approximate number of tickets requested at each price level.

(Staff will accommodate these numbers as best as possible.)

Tier 1 Price: _____ # of Tix: _____

Tier 2 Price: _____ # of Tix: _____

Tier 3 Price: _____ # of Tix: _____

Tier 4 Price: _____ # of Tix: _____

Every patron that enters The Merced Theatre is required to purchase a ticket. There are certain discounts that we can offer

Will there be a Discount price for children?

Yes No FREE (Comp)

\$ _____ off

Age for Children: _____ and under

Will there be a Discount price for Students?

Yes No

\$ _____ off

A Student is anyone with a Valid Student ID

Will there be a discounted price for Seniors?

Yes No

\$ _____ off

Age for Seniors: _____ and up

Group Discount Rate: Yes No

\$ _____ off

A Group is ____ or more

Other Rate: _____

Definition of Other Rate? _____

Other Rate: _____

Definition of Other Rate? _____

Comp Tickets Requested:

Performance 1 _____ Tier: _____

Performance 2 _____ Tier: _____

Performance 3 _____ Tier: _____

Brief Description of event to be used online

(100 words or less) may be emailed to info@mercedtheatre.org

Please provide artwork for event:

Artwork dimensions are as follows

Website: 980x500 pixels

Ticketing Website: 250x250 pixels

Print at Home Tickets: 640x80 96dpi

Please also provide a digital copy of the event poster.

Posters:

The theatre has the ability to display hard copies of your event poster on a space and location available schedule. We need at least one 24"x36" and at least 5-11x17 or 12x18 posters for display at the theatre.

***Please email artwork for approval PRIOR to printing.**

Ticket:

DATE OF EVENT, EVENT TIME DOORS TIME

THE ART KAMANGAR CENTER AT THE MERCED THEATRE

301 W. MAIN ST, MERCED, CA 209-381-0500

NO OUTSIDE FOOD OR DRINK, NO REFUNDS OR EXCHANGES

Please list below the full names (print) of those individuals (other than the contacts listed on page 1) that you wish to have access to your box office/sales information. This includes the number of tickets sold, income generated, etc. **We will NOT divulge any box office information to ANYONE not listed below.**