



City of Albemarle
Albemarle Neighborhood Theatre Rental Application Form

Applicant Full Name: _____

Organization Name: _____

Address: _____

Email: _____ Phone: _____

Date(s) of Use: _____ Hour(s) of Use: _____

Name of Event: _____

Number of Attendees: _____

Will the event be catered? Yes No

If yes, has catering certificate of insurance been provided:

Yes: Name of Insurance Company: _____

No: _____

Will an admission fee be charged? Yes No

Will concessions be sold? Yes No

The undersigned hereby agrees to be responsible for any damage to the facility occurring during and by this use, and agrees to be responsible for the conduct of all persons in attendance. Applicant further agrees to be responsible for any accident or injury occurring to anyone during and by this use, and agrees that the City of Albemarle, its officers and employees, shall not be responsible for any such injury or loss, except as arises from the sole willful act, omission or sole negligence of the City of Albemarle, its officers or employees. The undersigned has received a copy of the Central Auditorium Facility Use Policy and agrees to comply with the rules and regulations listed therein.

Signature of Applicant

Date

Staff Approving Application

Date

Action Taken: Approved Denied Date: _____ Initial: _____