



Commerce Bank Arts Centre

519 Hurffville – Cross Keys Rd.

Sewell, NJ 08080

Phone: (856) 256-8660 Fax: (856) 256-8659

Rental Application

This is not a contractual agreement.

Organization / Presenter: _____

Trading as: _____

Address: _____

Phone: _____ **Fax:** _____

Contact person: _____

Organization is: _____ Profit _____ Non-profit (copy of 501 (c) 3 must be submitted)

Requested date(s) for event:

Date:	Time In:	Time Out:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of event: _____

Event will be billed as (event title): _____

Names of Artists/Performers (if applicable): _____

Brief description of event: _____

Event Start Time: _____ **Doors open:** _____

Additional areas needed: _____ Cafeterias _____ classroom(s) _____ gymnasium(s)

Event is: _____ ticketed * _____ non-ticketed

* Please note: All ticketed events must be sold and distributed through CBAC Box Office.

Ticket text: (All lines 25 characters

_____ (small)
_____ (LARGE)
_____ (small)
COMMERCE BANK ARTS CENTRE
Washington Twp. (Glou. Co.), NJ
_____ (Day, Date, Time)

Expected attendance/capacity: _____

Professional references: Provide Company, Contact Name and phone number

1. _____
2. _____
3. _____

- All applications are subject to review and approval of CBAC management.
- Pending approval of rental application, formal Lease Agreement will follow.
- CBAC reserves the right to cancel this application ninety (90) days prior to event without liability. Deposits made to CBAC will be returned in such case.
- Please sign and return fully executed application with deposit. No dates will be held without deposit.

Signature _____

Date: ____/____/____

Please complete the following page.

Lessee Checklist:

(this page is for lessee purposes and not required to return to CBAC)

Rental Application _____

Signed Lease Agreement Contract _____

Rental Deposit _____

Stagehand Labor Estimate _____

Stagehand Labor Deposit* _____

Insurance Certificate _____

(the following MUST be listed as additional insured: Washington Twp. Live Arts, Inc.,
Washington Twp. Board of Education, Commerce Bank, NA)

Pyrotechnics Permit (if applicable) _____

Box Office Agreement (if applicable) _____

Ticket/Event Info _____

* IMPORTANT !

- **Deposit for estimated labor charges is required two business days before the commencement of lease of CBAC facility. *Failure to submit deposit will result in cancellation of event.* Lessees with sufficient monies held in box office escrow are exempt from this policy as escrow funds will be considered deposit.**
- **Where deposit monies are received directly from lessee: Should actual stagehand charges amount to a greater amount than the estimate at the end of event, lessee will be invoiced for the balance due and should be made payable within five (5) business days of the event. Should the actual stagehand charges amount to a lesser amount at the end of event, a check will be issued to the lessee by the payroll service (WTLA, Inc.) within five (5) business days of the event.**