



221 Bull Hill Lane. West Haven, CT. 06516

Theater Rental – Event Contract

AGREEMENT BETWEEN: PERFORMANCE PLUS/RVP STUDIOS & BAND/ARTIST.

Renter/Artist Name: _____

Address: _____

Primary Contact Name: _____ Phone: ()-____-_____

Email: _____

Secondary Contact Name: _____ Phone: ()-____-_____

Email: _____

Theater rental for an Event is \$125.00 per hour. This includes a full back line (PA system, drums, amplifiers) with complete sound and technical personnel. RENTER/ARTIST must supply all other necessary equipment for their performance.

Payment Terms: A \$125.00 non-refundable deposit upon booking is required to secure room reservation. Deposit will be accepted via credit card which will be kept on file to be charged in the case of incidental charges including but not limited to time overages or damages to facility and/or equipment. Alternate forms of payment will be considered on a case by case basis. Remaining balance will be due in full immediately following rental period.

Liability: PERFORMANCE PLUS/RVP STUDIOS is not responsible for any injuries or lost/stolen property for the duration of the rental period. RENTER agrees to exercise all due care in keeping, caring for, and preserving the facility. RENTER is responsible for all losses or damages to facility and all equipment/furnishing.

Termination: PERFORMANCE PLUS/RVP STUDIOS reserves the right to terminate this agreement at any time. RENTER must comply with termination and will remain obligated to pay any remaining balance and costs accrued through rental period.

Cancellation of this event by the renter requires 48 hours notice. If 48 hours notice of cancellation is not provided, the full balance due of this event contract will be charged to the renter. (Initial: _____)

By signing this agreement, you agree to all terms and conditions presented.

This is a legally binding contract and shall be governed by the laws of the State of Connecticut.

Renter Signature: _____ Date: _____

Print Name: _____

Performance Plus/RVP Rep Signature: _____ Date: _____

Print Name: _____



Theater Event Information

Date of Event: ____ / ____ / 20____

Time of Event: Start: ____ : ____ AM/PM – End: ____ : ____ AM/PM

Type of Event: Concert ____ Video/Photo Shoot ____ Birthday Party ____

Conference ____ Other _____

List all performing bands/artists: _____

Anticipated Attendance: _____ Notes/Comments: _____

Please indicate number of each required:

Lead Vocal Microphones: _____ Background Vocal Microphones: _____

Guitar Amps: _____ Bass Amps: _____

Direct Inputs (for keyboards/acoustic guitars/track samplers): _____

Please check required equipment:

Drumset (no cymbals): _____ Baby Grand Piano: _____

Artist Green Room: Small (\$20.00 Per Hr.) _____ Large (\$25.00 Per Hr.) _____

Please Note:

-Any equipment not listed on this form must be provided by the bands/artists performing.

(Such as: Guitars, drumsticks, instrument cables, keyboards, pedals, cymbals, etc.)

-If providing your own drumset, please allow additional time for setup at beginning of show and/or in between acts.



Performance Plus Music / RVP Studios
Credit Card Authorization Form

Client Name: _____

Name on Card: _____

Card Billing Address: _____

E-mail Address: _____

Card Type (circle one): **Visa** **MasterCard** **AMEX** **Discover**

Card Number: _____

Security Code: _____

Expiration Date: _____

Card Holder's Signature: _____

"Payment Terms: A \$125.00 non-refundable deposit upon booking is required to secure room reservation." Deposit will be accepted via credit card which will be kept on file to be charged in the case of incidental charges including but not limited to time overages or damages to facility and/or equipment. Alternate forms of payment will be considered on a case by case basis. Remaining balance will be due in full immediately following rental period.