

**THE WILLIAMS FRANCES
THEATRE LLC RENTAL CONTRACT**



6819 Vine St., Cincinnati, OH 45216
P: (513)364-8734
E: sales@thewilliamsfrancestheatre.com

CONTRACT AGREEMENT

(Please Print)

Name: _____ Organization _____

Address: _____

Phone #: _____ Check one Please
Day ___ Evening ___ E-mail: _____

How did you hear about us? _____

Event Date/Dates requesting: _____

Event Type: _____

Space your Requesting please check:

First floor Theatre ___ Second floor Theatre (not avail) Both floors _____

Guest Count: _____ Arrival Times _____ Ending Time _____

Facility Costs:(\$400 to \$2,500)

Sunday thru Thursday ... \$ _____

Friday thru Saturday \$ _____

Streaming Video Services. \$150.00 & up * Cameras pricing (\$250 to \$600)

Audio Services \$250.00 * Catering Cost: _____

Projection Screen Services \$125.00

Total Cost\$ _____

Reservation is not confirmed until this contract and a 50% deposit is received.

RENTAL DEPOSIT IS NON-REFUNDABLE. A \$250 dollar fee over and above the room rate is required as Security Deposit. The balance of your rental fee and the security deposit check must be received three (3) months prior to the event to maintain



the reservation and avoid cancellation by The Williams Frances Theatre. In case of cancellation of the event, please see our policy. Make Check or Money Order payable to **“The Williams Frances Theatre”**

	Amount	Received	Check #	Date/Initials
50% theatre rental Deposit due w/contract	\$	\$		
Balance of rental due 3 Months before event	\$	\$		
\$250 Security Deposit Separate check	\$	\$		
Security Deposit Returned office use only	\$	N/A		Office Rep. initials

_____ check here if paying online through our invoice system

**PLEASE NOTE: THE WILLIAMS FRANCES THEATRE IS A NO SMOKING FACILITY
SMOKING AREAS WILL BE LABEL**

I acknowledge receipt of and have read the attached Policies by which The Williams Frances Theatre LLC is governed. I have the authority to enter into this agreement and assume financial responsibility for use of The Williams Frances Theatre LLC. By signing this contract, the applicant agrees they have read, understands, and agrees while complying with all provisions in the Policy for Private Use. I will ensure that all vendors that I hire for my event are made aware of and abide by the Policies for Private Use.

Renters Signature

WFT Representative Signature

Written Name/ Title

Written Name/ Title

Date

Date

