

**EDMONDS CENTER FOR THE ARTS**  
410 Fourth Avenue North Edmonds, WA 98020 425-275-4485

**THEATRE RENTAL APPLICATION**

Thank you for your interest in the Edmonds Center for the Arts. Completing and submitting this application is the first step in the booking process. Completion and approval of this application will then be followed by a formal User Agreement (contract).

Please provide required information and return to the Administrative Office, Edmonds Center for the Arts, 410 Fourth Avenue North, Edmonds, WA 98020. If you have any questions, please call 425-275-9481.

**CONTACT INFORMATION:**

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PRESENTER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

Is Your Organization  Non-Profit  For-Profit

If Non-Profit, UBI Number: \_\_\_\_\_ Please attach and IRS determination letter.

**EVENT INFORMATION:**

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EXACT TITLE OF EVENT \_\_\_\_\_

TYPE (theater, dance, concert) \_\_\_\_\_

FIRST CHOICE

REQUESTED DATE(S) \_\_\_\_\_ PERFORMANCE TIME \_\_\_\_\_

SECOND CHOICE

REQUESTED DATE(S) \_\_\_\_\_ PERFORMANCE TIME \_\_\_\_\_

**VENUE REFERENCES** (Names of other places your have had events in the recent past.)

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Facility Name \_\_\_\_\_ Date of Event \_\_\_\_\_

Address \_\_\_\_\_

Contact person at venue \_\_\_\_\_ Phone \_\_\_\_\_

Facility Name \_\_\_\_\_ Date of Event \_\_\_\_\_

Address \_\_\_\_\_

Contact person at venue \_\_\_\_\_ Phone \_\_\_\_\_

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**FINANCIAL REFERENCE**

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Creditor: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank name \_\_\_\_\_ Branch \_\_\_\_\_

Account number \_\_\_\_\_ Phone \_\_\_\_\_

The above information must be provided in full and verified before a user agreement can be initiated. It is understood that the Edmonds Center for the Arts may or may not grant approval of the request set forth above. Applicant hereby represents that he/she has made a full and complete disclosure of all information which might be pertinent to the consideration of this presenter application and that all of the statements and information are true and correct. By signing below, applicant hereby authorizes appropriate banking institutions to release applicable account information to the Edmonds Center for the Arts.

It is understood that billings are due upon receipt, and that if any payment is not made when due, the applicant shall pay one and one-half percent (1-1/2%) interest per month. If the Edmonds Center for the Arts employs attorneys in order to secure payment of any sums due, applicant agrees to pay reasonable attorneys fees. The undersigned warrants that the above agreement has been carefully read and that the applicant understands same.

Applicant \_\_\_\_\_ Date \_\_\_\_\_