

**BLOOMINGTON CENTER FOR THE PERFORMING ARTS  
AUDITORIUM RENTAL AGREEMENT**

Date of Issue February 1, 2017

Name of Organization/Renter Not In Our Town Rally  
Address of Organization/Renter %Karen Schmidt 409 E Grove Street Bloomington IL 61701  
Billing Address (if different) \_\_\_\_\_  
Contact Person Karen Schmidt  
Telephone Number(s) personal id redacted until I hear if we can/cannot include  
Email same as above re personal contact Fax Number \_\_\_\_\_  
info. Thank You! :)

Your request to rent the Auditorium of the Bloomington Center for the Performing Arts (BCPA) on February 1, 2017 has been approved by the BCPA Administrative Staff, subject to the following terms and conditions:

1. The rental fee for the use of the Auditorium will be \$ 150.00 per hour
2. The rental fee for rehearsals (up to six (6) hours) will be \$ na
3. The house light & sound fee for events will be \$ 200.00
4. The fee for one (1) Technical Manager (required) will be \$ included
5. The fee for Stage Crew Members per person will be \$ 20.00 per man per hour
6. The fee for one (1) House Manager (required) will be \$ included
7. The Concession/Merchandise sales charge will be na % of total revenue after sales tax
8. The fee for one (1) Front of House School Show Coordinator will be \$ na
9. The fee for usher staff meals between two shows on the same day will be billed at cost plus 15%

This will be a ticketed event. The fees for Ticket Administration will be \_\_\_\_\_%. Event start time: 6:00 PM

The fees for any equipment or additional services to this rental agreement will be as per our attached Rental Rate Schedule, Ticket Information Form and/or our Operating Policy Agreement.

The enclosed Operating Policy agreement shall be a part of this agreement. If any portion of the Operating Policy shall be found unenforceable, all remaining terms remain in effect.

Final payment is due after your event and must be paid within thirty (30) days from the billing date shown on our invoice. A late payment charge of 10% per month will be assessed for delinquent payments. All unpaid balances after ninety (90) days will be turned over to our Legal Department for collection and/or litigation.

A Certificate of Liability Insurance must be purchased by Renter and on file in the BCPA Administration office fourteen (14) working days before the date of your event naming the City of Bloomington BCPA as an additional insured party, with a minimum of \$1,000,000.00 coverage.

All Renter's seeking Not for Profit rates must provide proof of their Not for Profit status with the signed contract, either by submitting a copy of their Annual Corporation Form or by some other proof.

In the event of cancellation by Renter within one hundred twenty (120) days of your function, all charges shall be levied according to the Operating Policy Agreement under which the BCPA operates.

The BCPA requires that the above terms be accepted in writing and returned to us within thirty (30) days of the date of issue along with the signed Operating Policy Agreement and your deposit. If these two (2) documents and your deposit are not received within the thirty (30) day period, the contracted space will be canceled.

The Administration Staff will compute the final invoice or payment documents, within seven (7) business days of your event. Payment transfers require the renter to be a vendor with the City of Bloomington prior to the event. Vendor Self Service instructions are available at: <https://mss.cityblm.org/MSS/>. Actual time for remittance of ticket or other revenue will be determined by the City's Accounts Payable department and could take as long as fourteen (14) days.

Please sign below where it says **RENTER ACCEPTS TERMS HEREOF**; and return all copies to the Administration Office, 107 E. Chestnut Street, Bloomington, IL 61701. We will then countersign and return a copy to you.

**Renter Accepts Terms Hereof:**

BY: Michael G. Matejka  
On behalf of Renter Organization  
DATE: Feb 1, 2017

**Bloomington Center for the Performing Arts – Its Agent**

BY: [Signature]  
On behalf of the Bloomington Center for the Performing Arts  
DATE: 2/1/17 07/13

Invoice Request Form

Customer Information

Name of Event: NOT IN OUR TOWN RALLY  
 Name of Customer/Organization: of Karen Schmidt  
 Address of Customer/Organization: 409 E Grove Street  
Bloomington IL 61701

Description for Billing: (This description will appear on invoice)

2/1/17 Auditorium 3hrs @ \$150.00/hr	450.00
Maintenance staff 12 hrs @ 9.00/hr	108.00
Lights & sound	200.00
Stage labor 8 hrs @ 20.00/hr	160.00
<u>Total due City of Bloomington</u>	<u>918.00</u>

Purpose of Invoice: room rent

Account Coding: 54430

Delivery Instructions: Please Mail: \_\_\_\_\_ Please Return: \_\_\_\_\_  
 Other: copy of invoice to B. Spring

Requested by: B. Spring Date: 2/1/17

Performing Arts Manager Approval

Approved  Disapproved

Performing Arts Manager: Tina Glasnow Date: 2-2-17



City of Bloomington  
Time Cards

Date Range 01/29/2017 - 02/04/2017

Seefeld, Todd

*audis Stagehand*

Work Day	Date	Punch Time	Rounded Time	In or Out	Shift	Hours	Day Hours
Wednesday	02/01/2017	03:53 pm	04:00 pm	IN			
Wednesday	02/01/2017	08:02 pm	08:00 pm	OUT		04.00	04.00
<b>Total Hours:</b>							04.00

I certify that this time sheet truthfully and accurately reflects all hours I worked

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Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Tina Blomone*  
 \_\_\_\_\_  
 Supervisor's Signature

*2-2-17*  
 \_\_\_\_\_  
 Date

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Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_



City of Bloomington  
Time Cards

Date Range 01/29/2017 - 02/04/2017

Cavanaugh-Wozniak, Daniel *Lights/video stagehand*

Work Day	Date	Punch Time	Rounded Time	In or Out	Shift	Hours	Day Hours
Wednesday	02/01/2017	03:53 pm	04:00 pm	IN			
Wednesday	02/01/2017	08:02 pm	08:00 pm	OUT		04.00	04.00
<b>Total Hours:</b>						04.00	04.00

I certify that this time sheet truthfully and accurately reflects all hours I worked

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

*Jina Ramona*  
Supervisor's Signature

*2-2-17*  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date