

Alton Park & Recreation Department
#2 Emma Kaus Lane
Alton, IL 62002
Phone (618) 463-3585 Fax (618) 463-3567
Or visit our website alton-il.com

ALTON RIVERFRONT AMPHITHEATER
Promoter's RENTAL AGREEMENT

Event Name _____

1) _____ 2) _____
Event Date(s) Please provide an alternate date

Event Times: from _____ **to** _____

Promotions Set-up Date: _____ **Set up Time:** _____
(Banners/Signage)

Lights/Sound: Set up Date & Time: _____
(trucks must be away from stage at least 3 hours prior to show time)

Performer #1: Load in Time: _____ **Performer #2 Load in Time:** _____
(must be unloaded at least 1 hour prior to show) (please see parking map for loading area)

Performer #3 Load in Time: _____ **Performer #4 Load in Time:** _____
(please see parking map for loading area) (please see parking map for loading area)

Vendor Set Up Time: _____ **Traffic control Set up Time:** _____
(must be at least 2 hours prior to start time) (must be at least 1.5 hours prior to start time)

Breakdown Date: _____ **Breakdown Time:** _____

Name/Organization _____

Mailing Address _____

City, State, Zip: _____

() () ()

Day phone number **Evening number** **Emergency number**

() () ()

Mobile number **Mobile used at event** **fax**

(Organization Email)

(contact's)

(website)

Main Contact Person

Event Promoter if applicable

Note: A copy of an executed contract detailing financial remuneration paid to the private Promoter/for profit enterprise will be required as part of this application.

*****Please attach copy of Driver's License*****

Name of non-profit /Beneficiaries _____ 501 (C) 3 yes_ * _____ no _____
*Proof of 501 (C) 3 will be required

_____ %of revenue paid to the promoter _____ % of revenue paid to the non-profit

Name(s) of Paid Event Sponsors

Name(s) of Donated Services Event Sponsors

Event Description/Purpose: _____

(Please attach additional sheets if necessary).

Is this the first time you have rented the Alton Riverfront Amphitheater ____yes ____no.
If no, please give date of previous rental _____

PAID SERVICES: (may be requested or required)

_____ EMT/Fire _____ Clean-up crew
_____ Police/Security _____ Contracted Personnel (explain) _____

FACILITY SERVICES: (may be requested or required)

_____ Maintenance _____ Scissor lift _____ Dumpster(s)
_____ Electrician _____ Drum Riser _____ Portable potties
_____ Ticket drop box _____ Fencing _____ golf cart (utility)

AREA OF AMPHITHEATER YOU ARE INTERESTED IN RENTING:

_____ Lawn and Restrooms (Shelter area only)
_____ Stage, lawn and Restrooms (full facility)

ACTIVITY DETAILS:

Admission Fee _____yes _____no
 Alcohol Sales _____yes _____no
 Donations _____yes _____no
 Food/Soda Sales _____yes _____no
 Gated Event _____yes _____no
 Live Music/DJ (circle one) __yes ___no
 Merchandise Sales _____yes _____no
 Ticket Sales/Takers _____yes _____no
 Security _____yes _____no
 Volunteers _____yes _____no
 Others _____

How will you identify your volunteers?

EQUIPMENT:

Audio hung from structure _____yes _____no
 Dumpsters _____yes _____no
 Freezers _____yes _____no
 Generators _____yes _____no
 Grills/BBQ _____yes _____no
 Ice Machines _____yes _____no
 Lighting hung from above _____yes _____no
 Visual-banners _____yes _____no
 Refrigerator _____yes _____no
 Spot Lights _____yes _____no
 Tents _____yes _____no
 Oil Fryers _____yes _____no
 Others _____

ATTENDANCE:

Estimated Attendance Number: _____

Ticketed Event Cost:

\$ _____ Adult \$ _____ Senior \$ _____ Children

\$ _____ Advanced Sales, if different from above

ADVERTISING:

Please indicate how you will promote your event. Please submit sample to Executive Director prior to printing.

Newspapers(name) _____
 TV (stations) _____
 Radio (stations) _____
 Websites _____
 Poster/Fliers (describe/location) _____
 Direct Mail (quantity) _____
 Other (specify) _____

Please remember that failure to comply with the attached rules and regulations can and will result in lose of security deposit and cancellation of the event. For event to proceed, proper insurance certificates, proper licenses, and emergency personnel contact information must be provided.

Insurance Indemnification: The Renter shall indemnify, defend and save harmless The City of Alton and Alton Park & Recreation Department from any and all injuries (including death), property damage and other claims, liabilities, losses and causes of action arising out of any negligent act or omissions by City of Alton and Park & Recreation Department and the Renter during the use of the facilities by Renter or those acting under the authority of the Renter, including participants and spectators in the connection with the Renters activities in and on the site.

By my signature, I agree to comply with all the rules and regulations, laws and ordinances of the City of Alton and Alton Park & Recreation Department in the regard to the rental and or use of the facilities and I agree to the above indemnification.

Print Name

Phone

Signature

Date

Please retain a copy of this application for your records.

*Please remember to include a check payable to: **Alton Park & Recreation Department** mailed to Alton Park & Recreation #2 Emma Kaus Lane. Alton, IL 62002 in the amount of \$100.00 for deposit to secure date.*