## **Event Booking Request Form – Pilbeam Theatre**

Privacy Notice: Council deals with personal information in accordance with law, including the Information Privacy Act 2009.



This form is to be completed when a customer would like to book an event at the Pilbeam Theatre in Rockhampton. Once this form is returned and your booking is accepted, you will receive a contract, estimate of charges and deposit invoice.

P: 07 4924 5600 | E: majorvenues@rrc.qld.gov.au | W: rockhamptonregion.qld.gov.au | PO Box 1860, Rockhampton 4700 | ABN: 59 923 523 766

Customer Details							
Customer nam	e/Business or Organisation name:						
Authorised agent contact name:  ABN:							
Preferred contact number: Email:							
Onsite contact	name:		Onsite contact number:				
Customer/Bus	siness/Organisation Address		I				
Street number	and name:						
Suburb:			State:	Postcode:			
Postal address	6 (if different):				1		
Event Deta	nils						
Event name:							
Please note, this n	name will appear on tickets.						
Event date/s:							
Event Schedu	ile						
Date	Activity (Please include pre-rig, bump in, rehearsal, performance and bump out)			Start 7	Γime	Finish Time	

Venue Details						
The following rooms/facilities are automat a Pilbeam Theatre Standard Hire:  Auditorium Green Room Stage Basement Dressing Rooms	ically included with	Do you require additional rooms other than those that are included in a Standard Hire?  ☐ Meeting Room  ☐ 62 Victoria Parade				
Performance Run Times						
Act 1 Details	Interval Details		Act 2 Details			
Duration:	Duration:		Duration:			
Start time:	Start time:		Start time:			
Finish time:	Finish time:		Finish time:			
Other Event Details						
☐ Yes ☐ No Will there be an after-show Q + A?						
☐ Yes ☐ No Will there be a mee	☐ Yes ☐ No Will there be a meet and greet after the show?					
☐ Yes ☐ No Will there be any promotional or décor items in the foyer or other public spaces?  These items will need the approval of the Major Venues Coordinator and must not interfere with any entries, exits, signage or fire and emergency equipment.						
☐ Yes ☐ No Are camera's and re	ecording devices perr	nitted?				
Support Act						
☐ Yes ☐ No Is there a support a	ct for your event? If y	es, please detail belo	w:			
Support act name:						
Duration: Start time:			Finish time:			
Age Restriction						
$\square$ Yes $\square$ No Is there an age restriction for your event? If yes, please detail below:						
Age restriction details:						
Warnings						
Are there any warnings required?						
☐ Coarse language/adult themes ☐ Nudity ☐ Haze and/or smoke ☐ Suitable for a mature						
☐ Strobe and/or lighting effects ☐ Simulated gunfire ☐ Explosive effects audience						
Other						
Please detail any other event details that	you will be adding to t	the show:				

Marketing	Marketing						
Please provide a blurb below that Council can use to market your event on Council's See It Live website ( <a href="www.seeitlive.com.au">www.seeitlive.com.au</a> ) and other printed marketing items:  Minimum of 50 words							
Front of House	(FOH) Details	(Please visit Co	uncil's See It Live website (	www.seeitlive	e.com.au) for FOI	H information)	
Tour/FOH Contact I	nformation						
Tour manager/FOH o	contact name:						
Contact number:			Email:				
Programs and/or M	erchandise Informa	tion (Please n	note that there is 10% comm	nission on all i	merchandise sale	es for Commercial Hirers)	
Merchandise contact	name:						
Contact number:			Email:				
☐ Yes ☐ No	Do you require a ca	ash float?					
☐ Yes ☐ No							
☐ Yes ☐ No ☐ Do you require staff to sell Merchandise? If yes, please detail below:  Please note Fees and Charges apply for Merchandise Staff.							
Number of staff requi	Number of staff required:  Merchandise staff start time:  Merchandise staff finish time:				staff finish time:		
Ticket Pricing							
Please choose one of the following options:   Commercial Not for Profit							
Booking Fees			Commercial Rates Per Ticket		Not-for-	Not-for-profit Rates Per Ticket	
Ticket with a net Tick	et value < \$25.00		\$4.00		\$2.80	\$2.80	
Ticket with a net Tick	et value > \$25 and <	\$50	\$4.50		\$3.10	\$3.10	
Ticket with a net Ticket value > \$50 and < \$100			\$5.60		\$3.30	\$3.30	
Ticket with a net Tick	et value > \$100		\$8.00		\$4.50	\$4.50	
Zero Price Ticket Cha	arges		\$0.50 \$0.25				
Ticket Prices (Please note Net Price + Booking Fee = Selling/Advertised Price)							
Net price = The total amount that you will receive from ticket sales.  Booking fee = The booking fee that is applicable from the list provided above.  Selling/Advertised price = Total of net price and booking fee.  *Please note that concession includes Pensioner Concession Card Holders, Seniors, and Students.							
Please select all options that are applicable:			Net Price Booking		king Fee	Selling/Advertised Price	
☐ Admission (one price for all)							
□ Adult							
☐ Concession*							
☐ Child – aged from: to vears							

Please select all options that are applicable:	Net Price	Booking Fee	Selling/Advertised Price		
	1100111100	Booking Foo	Coming/Autorascu i ilico		
☐ Family (two adults and two children)					
☐ Group – number of people:					
☐ Friend of the Theatre					
☐ Other:					
☐ Other:					
☐ Yes ☐ No ☐ Do you allow infants and/or c	hildren under the age of	2 on parent's laps?			
Seating Plan Information					
Please choose one of the following seating plan opt	ions:				
Please choose one of the following seating plan options:    Full configuration:   972 seats   Front row AA   No orchestra pit   No forestage   Selling Capacity is 916 seats with the below standard holds:   0 24 x wheelchair and companion holds   8 x house seats   24 x audio desk    B configuration:   897 seats   Front Row A   With forestage extended OR orchestra pit OR level carpeted no seats   Selling Capacity is 841 seats with the below standard holds:   0 24 x wheelchair and companion seats   8 x house seats   24 x audio desk area (seats removed)    Custom configuration – please provide details below and attach a diagram displaying the custom seating plan:					
On Sale Date/s					
Announce date:					
Early bird/presale date and time (if applicable):					
General public date and time:					

Promoter Hold Information (Please refer to the above Pilbeam Theatre seating plans)					
How many promoter holds would you like to be held from sale?					
Would you like to hold specific seats?	☐ Yes	□ No	☐ Box Office can allocate		
If yes selected above, please identify which	ch seats you	would lik	e held:		
Technical Details					
Technical contact name:					
Contact number:		Email:			
Number of performers:					
Touring Technical Staff					
Please list the technical staff you are supp	plying for the	event:			
Name			Role		
Pilbeam Theatre Technical Staff (Please	note, Fees and	Charges m	ay apply for Pilbeam Theatre Technical Staff.)		
Please list the technical staff you require	the Pilbeam	Theatre t	p provide for the event:		
Name		Role			
Touring Technical Equipment					
Please tick any equipment that you are providing for your event – if you are providing equipment that is not listed, please email <a href="mailto:mvtechnical@rrc.qld.gov.au">mvtechnical@rrc.qld.gov.au</a> :					
☐ Flown scenery ☐ Lighting equipme		nt □ Follow spots			
☐ Projection equipment ☐ Audio equipment		☐ Other			
Pilbeam Theatre Technical Equipment					
Please tick any equipment that you need the Pilbeam Theatre to provide for your event:					
☐ Truss/ground support ☐ Audio FOH syste			m 🗆 Audio console		
☐ Lighting fixtures	☐ Lighting console		☐ Other		

Event Proceeds (Ticket proceeds from the event after all applicable Fees and Charges have been applied, will be deposited in this account)						
Account name:				Bank name:		
BSB:				Account number:		
Event Pay	yment Sch	edule	<u> </u>			
For a full list of	of fees and cha	arges please re	efer to Council's Fees	and Charges Schedule		
For a full list of fees and charges please refer to Council's <u>Fees and Charges Schedule</u> . <b>Event Deposit:</b> Once your completed form is returned and your booking is accepted, a contract and invoice will be issued for payment.						
Event Balan	<b>ce:</b> This paym	ent is due seve	n days from the date	of invoice (where applicable).		
Public Liability Insurance (Please note ALL Pilbeam Theatre bookings require a copy of your public liability insurance and indemnity statement. Rockhampton Regional Council must be noted as an interested party on the Certificate of Currency and the level of cover must be \$20 million.)						
Name of insurer:				Policy number:		
Policy limit:				Expiry date:		
Supportir	Supporting Documentation					
Your booking is not confirmed until all relevant supporting documentation, including a signed contract, has been received with the applicable deposit and relevant approvals given. If your booking is accepted, written approval will then be provided. Do not publicly advertise your performance until booking approval has been given.						
Attached	Pending	Not Applicable	Item			
			Certificate of Cover for Public Liability Insurance to the minimum value of \$20 million and noting Rockhampton Regional Council as an interested party			
			Diagram of custom seating plans (if applicable)			
			Debtor Credit Account Application Form (if invoice required)			
			Other:			
Declaration						
I submit this f my ability.	form with the re	elevant support	ing documentation as	s required. I declare that the details are correct to the best of		
Name:			Signature: Date:			