

**PERFORMANCE SPACE BASIC PROPOSAL**

EHCC/HMoCA

141 Kalakaua St, Hilo HI 96720

PH 808 961 5711

email: [admin@ehcc.org](mailto:admin@ehcc.org)



**\*\*\*\*\*\$300 usage fee per performance in theater space\*\*\*\*\***

- Reservations made well in advance require a deposit of \$150.
- Full usage fee of \$300 must be made 60 days prior to event.
- A full refund of deposit will be available if the event is cancelled 2 months out.
- Cancellations made with less than 60 days notice will return 50% of deposit.

Today's Date:

Contact Name:

Title:

Organization:

Tax ID Number:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Cell:

Email:

Performance Date(s):

Times: (Start / Finish)

Load In Date:

Load In Time:

**DESCRIPTION OF EVENT:**

Detailed Description of the Performance:

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Description of Musical Accompaniment (if any and whether live or recorded):

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Description of Set:

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*\*EHCC can refer you to a sound/light technician if you are unable to provide your own\**

Type of audience your event will appeal to:

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Total expected attendance:

Performance Entry Price (\$) per person:

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How will your event benefit EHCC and the Community?

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Please add any additional notes/questions/background information:

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**Printed Name**

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**Signature**

**Date**

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**Printed Name (EHCC Rep)**

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**Signature (EHCC Rep)**

**Date**

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