Rossland Council for Arts & Culture

Sound System Rental Request & Contract Form

Sound System Rental Request

√ if Not for Profit ☐

Name of Group : _____

Contact Person : _____ Phone Number : _____

Email : _____

Name of Event : _____

Date of Event : _____ Type of Event : _____

Location of Event : _____

Circle Sound System Configuration Required : A B C i) C ii)

Pick Up / Set Up Time : _____ Return Time : _____

Renter's Declaration : *"I (we) have read and understood the R.C.A.C. Sound System Rental Policy & agree to abide by the terms stated there in".*

Renter's Name : _____ Renter's Signature : _____

Date : _____

This Section For Office Use Only

Sound System Rental Contract

Name of R.C.A.C. Contact Person : _____

Email : _____ Phone Number : _____

Rental Rate : $50.00 $100.00 Cheque # _____ Date Received : _____

Damage Deposit : $300.00 Cheque # _____ Date Received : _____

D.D. Amount Returned : $_____ Cheque # _____ Date Returned : _____

Name of Sound Technician(s) : _____

R.C.A.C. Authorization :

Name : _____ Title: _____

Signature : _____ Date : _____