

Albany Civic Center Complex

Post Office Box 3189

Albany, Georgia 31702-2300

229-430-1801

Fax: 229-430-5163

Veterans Park Amphitheater Event Application

Rental Fees

4 Hour Block (to include setup hours): \$400.00 – Normal Labor Cost \$250.00

8 Hour Block (to include setup hours): \$700.00 – Normal Labor Cost \$450.00

Each Additional Hour: \$100.00

Payment of Fees

The full rental rate must be paid at the time of execution of the rental agreement.

Minimum Staffing Call

Venue will determine labor needs on an event by event basis. Minimum labor call will include production crew and security; applicant will be responsible for any related cost.

Cleanup Deposit

A cleanup deposit of \$100.00 will be required prior to the date of the event. The deposit will be refunded within five (5) business after the event and or cancellation, provided there is no damage and venue is left in a clean condition. Please note that you are entirely responsible for the setup and cleanup.

Cancellation

A notice of cancellation must be received no later than five (5) business days prior to the event date to receive a full refund; no refunds will be issued after the five (5) day period. Refunds will be processed within ten (10) business days of the cancellation request.

Albany Civic Center Complex

Post Office Box 3189 Albany, Georgia 31702-2300 229-430-1801 Fax: 229-430-5163

Veterans Park Amphitheater Event Application

CONTACT INFORMATION

Applicant Name: _____

(Name of Company, Corporation, Organization or Individual)

Address: _____

Street

City

State

Zip Code

Phone Number: _____ Alternate Phone: _____

E-Mail: _____

Alternate Contact: _____

EVENT INFORMATION

Event Name/Brief Description: _____

Day/Date of Event: _____ Number of Attendees Expected: _____

Access Time for Setup: _____ Start Time: _____ End Time: _____

Open to the Public: Yes _____ No _____

If yes, please fill out the attached form and return it to Code Enforcement at 240 Pine Ave, Suite 300, Albany, GA 31702 or call 229-438-3913.

Ticketed Event: Yes _____ No _____

If yes, an insurance policy naming the City of Albany and the Albany Civic Center as additional insured in the amount of \$1,000,000 will be required.

Alcohol Served: Yes _____ No _____

If yes, it must be done so by a licensed caterer and an insurance policy naming the City of Albany and the Albany Civic Center as additional insured in the amount of \$1,000,000 will be required.

Food Served: Yes _____ No _____

If yes, a 20% catering fee will be paid to the Albany Civic Center.

Name of Caterer _____

Applicant Signature: _____

Date: _____