

The Kelowna Community Theatre 1375 Water St. C/O The City of Kelowna 1435 Water St. Kelowna BC V1Y 1J4 ph (250) 469-8945 fax (250) 862-3331 email civey@kelowna.ca

Event and Ticket Information

Promoter Company					
' '	Legal Name:				
Company Address:					
Company Phone:					
Company Email:					
GST # (If Applicable):		☐ Not Applicable		
your event closes.	n (For Settlement): anged, your settlement will be stitution Number:			·	□ No □ No
SOCAN#	Re	SOUND#			
and/or to take ticketi	s Kelowna Community Theatring instructions from, the follo			oorts to,	Sales
Name	Job Title	Number(s)	Email	Repo	rts?
Primary Contact:					
Primary Contact:				□Yes	□No
Primary Contact: Other Authorized Conta	ncts:				
	ncts:			□Yes	□ No
	icts:			☐ Yes	□ No
	icts:			□Yes	□ No

EVENT INFORMATION Event Title: Event Presented by: Please check off which venue you are booking: ☐ Kelowna Community Theatre: Main Stage ☐ Black Box Theatre **Event Date** Start time (Matinee) Start time (Evening) Doors will open 1-hour prior to the start of the event. Approx. run time: _____ Audience Advisories (Family Event, 19+, Use of Strobe or Smoke etc.): **Event On-Sale Timeline:** Unless otherwise stated, the TIME will default to our Box Office opening time of 11am. Announcement Date: ______ Notes: Pre-sale date/time: Notes: Public on-sale date/time: _____ Notes: TICKETING INFORMATION Sale of Tickets The Kelowna Community Box Office is the official ticket seller for the Kelowna Community Theatre. For additional inquiries about ticket sales, please contact Rebecca at RLeboe@Kelowna.ca Please select <u>all</u> of the following that apply to your event: Seating will be: \square **RESERVED** – each patron will have an assigned seat ☐ **GENERAL** – each patron will choose their seat upon arrival. Must have approval of Theatre Manager. Capital Improvement Fee (CIF) will be: ☐ Paid by **AGREEMENT HOLDER** – total fees will be added to the Facility Rental invoice ☐ Paid by **TICKET BUYER** – *fee will be added to the Ticket Price*

Ticket Face Information

Our ticket faces come in a standard layout. Some adjustments may be made upon request.

Please enter your information as you'd like it to appear, in the allotted areas, below:

ME		(presenter name) presents		SHT E
ATRON NAME		(Event Title)		RIG
RON		(special info/advisory line)		H K
PAT		Friday, SEP 21/22, 7:30PM		OWE
	Theatre Address	E 12	\$60.00 Adult	

Ticket Prices

In the below chart, please indicate the ticket type, any age requirements for each type, and state your desired **TOTAL**:

☐ the <u>Total BASE</u> price (the fees and taxes will be <u>added onto this price</u>),

-- OR --

☐ the **TOTAL TICKET** price (the fees and taxes are calculated <u>within this price</u>)

Ticket Type (adult, youth, group, etc.)	Parameters: ages/requirements (65+, valid student ID, etc.)	Maximum to sell?	Total BASE Price		TOTAL TICKET Price (includes Fees)
				OR	

Other Ticket Price Note	s:			
Any VIP Information of	iorings?			
Any VIP Information/off eg: if you are offering VIP Ticke	etrings: ets what does that include?			

Coupon Codes or Presales

If you have any presales codes or coupon codes that you are offering your customers, please list them below, along with the time period/dates you wish for them to be active:

Presale or Discount	Code	Max Tickets per order?	Discount Applied of New Total Price			
icket Holds elowna Community The lease outline ticket hold				neline approved by the Client.		
Type of Hold	Quantity to be Held	Preferred loc	ation in Theatre	Date to release for general sa		
n addition to the Client's er performance.	holds, above, Kelo	wna Community T	Theatre will hold sever	n (7) tickets as "Trouble Holds",		
Marketing ☐ Yes, please send	information on M	arketing Package	es for the Kelowna Co	mmunity Theatre		
Vebsite Event Calenda l lease attached a PDF of		is email.				
Event Description:						