



**ROOMS, SERVICES AND FEES**

**COSTS ARE BASED ON INFO PROVIDED AT THE TIME OF CREATING THE CONTRACT. CHANGES TO SERVICES/AREAS USED WILL BE REFLECTED IN FINAL SETTLEMENT.**

<b>AREAS USED</b>	<b>COST</b>	<b>NOTES</b>
<input type="checkbox"/> Main Auditorium Rental package	\$ <input type="text"/>	or % of gross ticket sales *
<input type="checkbox"/> Tucker Room & Kitchen	\$ <input type="text"/>	(* = whichever is greater)
<input type="checkbox"/> 3rd Floor Gallery / Gent's Club	\$ <input type="text"/>	
bar, screening room, pre and during -show lounge		

**ADD-ON SERVICES**

<input type="checkbox"/> Piano Tuning	\$ <input type="text"/>
<input type="checkbox"/> Reserved Ticketing	\$ <input type="text"/>
<input type="checkbox"/> Concert package	\$ <input type="text"/>
<input type="checkbox"/> Film package	\$ <input type="text"/>
<input type="checkbox"/> Other <u>Tech staff time</u>	\$ <input type="text"/>
<input type="checkbox"/> Other _____	\$ <input type="text"/>
<input type="checkbox"/> Other _____	\$ <input type="text"/>
<input type="checkbox"/> Other _____	\$ <input type="text"/>
<input checked="" type="checkbox"/> Damage Deposit:	\$ <input type="text"/>

**TOTAL FEES ESTIMATE** \$  rec'd on: \_\_\_\_\_ check # : \_\_\_\_\_

**(Non-Refundable Reservation Deposit)** \$

**(Balance Due)** \$    rec'd on: \_\_\_\_\_ check # : \_\_\_\_\_

Please initial to accept (Licensee)

**SIGNED AGREEMENT AND NON-REFUNDABLE DEPOSIT ARE DUE NO LATER THAN FOURTEEN DAYS AFTER RECEIPT OF CONTRACT. PLEASE MAIL SIGNED COPY OF CONTRACT AND PAYMENT TO: KERRY HADLEY, OPERA HOUSE MANAGER, CAMDEN OPERA HOUSE, P.O. BOX 1207, CAMDEN, ME 04843. PLEASE MAKE CHECKS PAYABLE TO TOWN OF CAMDEN.**

Balance of the total fees is due thirty (60) days prior to the first use of the facilities.  
No refunds will be issued should the event be cancelled thirty (30) days or less prior to first date use.

# CAMDEN OPERA HOUSE

## SETTLEMENT SHEET

### EVENT COSTS BASED ON ACTUALS - FINAL INVOICE

Date issued: \_\_\_\_\_ Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Person / Organization: \_\_\_\_\_

Make Refund Check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

#### CONTRACT:

Reservation deposit:  (COH ticket sales applied to rental)

Other Payments:  Net TB payment

Total Amount Paid:  (to acct. G1-180-11)

#### ACTUAL COSTS:

Facility Rental	
Staff	
Add-On Services	
Refund R901615	

Amount Paid

Actual Cost of Event

Amount of Refund

Balance Due Opera House

Thank you,

\_\_\_\_\_  
Kerry Hadley, Opera House Manager

Additional Information:

Please mail any payments due to :  
**Kerry Hadley, Opera House Manager**  
**Camden Opera House**  
**PO Box 1207 29 Elm Street**  
**Camden , ME 04843**

**Original to Carol Sue Greenleaf**  
**Copy to Theresa, Renter**