

Whiteside Theatre Foundation

P.O. Box 1105, Corvallis, Oregon 97339

www.whitesidetheatre.org; email: info@whitesidetheatre.org

*Supporting a multi-purpose entertainment and events venue in the historic Whiteside Theatre
that enhances economic vitality and cultural diversity of downtown Corvallis
for the benefit of the entire community*

User Agreement

This User Agreement (“Agreement”) is entered into as of _____, 201_, by and between the Whiteside Theatre Foundation (Whiteside) and _____ (User). Whiteside owns the property located at 361 SW Madison, Corvallis, Oregon (the Property). The Property consists of a Theatre, a Mezzanine/Lobby, and the outdoor Marquee. In consideration of User’s payment of the fee set forth below, Whiteside hereby grants to User, its guests, and invitees, a temporary license for the use of the identified portion of the Property, according to the terms set forth below and subject to all provisions contained in Whiteside’s Rules and Policies attached hereto as Exhibit A, and by this reference incorporated herein.

This Agreement, together with Exhibit A and the Fee Schedule for Event Packages, expresses the entire understanding between the parties with respect to the use of the Property and may not be changed, modified, or terminated except in writing signed by an authorized representative of each Party. If any provision of this Agreement is adjudged to be void or unenforceable, the same shall in no way affect the validity or enforceability of the remainder of the Agreement.

Effective date(s) of License: _____ Key-In Time: _____ Key-Out Time: _____

Portion of premises licensed: ____ Theatre ____ Mezzanine and Lobby ____ Marquee

Describe event and intended use: _____

User Fee \$ _____ Deposit required to secure reservation \$ _____ (1/2 of User Fee)

User / Organization: _____

Address: _____

Phone: _____ Phone 2: _____

E-Mail: _____ Fax: _____

Authorized Representative (print name): _____

Signature: _____ Date: _____

Is this a non-profit organization? [] Yes [] No If Yes, you will be required to provide a copy of your 501(c)(3) determination letter or other IRS nonprofit status to be eligible for discounted rates.

Whiteside Theatre Foundation:

Name and title (print name): _____

Signature: _____ Date: _____

Deposit received: \$ _____

Balance due: \$ _____ on or before _____ (Date).