



139 S. Center Street | PO Drawer A
Goldsboro, NC 27533
(919) 583-8432
www.goldsboroparamount.com
sarchibald@ci.goldsboro.nc.us

RESERVATION REQUEST

Date _____

NOTE: This Reservation Request requires a non-refundable \$125.00 rental deposit. A separate Reservation Agreement must be completed and signed by the Renter at least two (2) months prior to the first date of the Renter's access to the theatre to complete the rental. This Reservation Request is subject to all Rules & Regulations and Rates set forth in the Reservation Agreement as of the date shown on the completed and signed Reservation Agreement.

Contact Information

Sponsoring Organization: _____

Address: _____

Contact Name: _____

Email Address: _____

Website: _____

Phone Numbers – Business: _____ Cell: _____

Home: _____ Fax: _____

Secondary Contact: _____ Phone Number: _____

Event Information/Requested Dates

Event/Name/Title: _____

Proposed Event Date(s): _____

Proposed Rehearsal Date(s): _____

Rental Deposit (\$125.00 non-refundable rental deposit due at request)

Date Paid: _____ Payment Method: _____

By signing below and providing a non-refundable deposit, I/we understand the dates above will be confirmed and held by the Paramount Theatre.

Representative: _____

Organization: _____

Paramount Theatre Director: _____ Date: _____