



**PATRON CAPITAL IMPROVEMENT FUND  
AUDIT FORM**

**2329 Crescent Way, Abbotsford, BC V2S 3M1**

**Group name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form should be completed by either the Front of House Manager or the Box Office Staff and represents a true count of patrons admitted to the Abbotsford Arts Centre for the following engagement:

**Title of Event:** \_\_\_\_\_

As per paragraph 2.5 (ii) of the Rental License Agreement failure to complete this audit form will result in the assumption of a "full house" of 701 persons and the full surcharge of \$701 shall be assessed to the Licensee. HST Reg. # R122172661

The Patron Capital Improvement Fund (PCIF) is a \$1.00 per person fee and is applied whenever admission is charged for entrance to the Facility. This fee applies to all patrons in attendance and includes those with complimentary or free admission. The PCIF is used to replace, upgrade or enhance theatre equipment for the continuing benefit and enjoyment of clients and patrons.

Where the Licensee accepts donations for entrance to the event, the PCIF surcharge shall be calculated on the basis of a percentage of donations collected. Food donations are exempt from this surcharge.

All PCIF and Lobby Sales are due in advance or on the day of the engagement. Payments may be in cash or by cheque payable to the School District #34.

Performance date: \_\_\_\_\_ Performance time: \_\_\_\_\_

**Completion of this form is only required where admission or donations are collected for admission.**

	General	Adult	Student	Senior	Child	Total
Tickets sold prior to event						
Complimentary tickets						
Tickets sold day of event						
Total number of seats used						

amount due = total  
x \$1.00 = \$ \_\_\_\_\_

Donations collected in lieu of admission fee: \$ \_\_\_\_\_ times 35% (community rate) = \$ \_\_\_\_\_  
50% (school rate)

Ticket Count Prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_

Count as per Facility representative: \_\_\_\_\_ Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Licensee agreement to seat count of \_\_\_\_\_ and amount payable of \$ \_\_\_\_\_

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Received PCIF payment in the amount of \$ \_\_\_\_\_ balance owing \$ \_\_\_\_\_

**Collected by** \_\_\_\_\_ Month Day Year

Where Licensee has promotional or other sales in the Facility, a 10% surcharge on gross sales shall become due and payable immediately following the Engagement. Please record gross amount of sales and amount owing.

**Sales amount \$** \_\_\_\_\_ times 12% = \$ \_\_\_\_\_ payable to School District # 34

**Received by** \_\_\_\_\_  
Month Day Year