



CLEVELAND PERFORMING ARTS MINISTRIES

PO Box 91276, CLEVELAND, OH 44101-3276
(440)944-0635 • WWW.TETELESTAI-CPAM.ORG

SAMPLE
CPAM STATEMENT OF COMMITMENT

- 1. Tetélestai® will be performed at _____ on the following dates and times:
Friday, / /20 at 8:00 p.m., Saturday, / /20 at 8:00 p.m., and Sunday, / /20 at :00 p.m.
2. Tetélestai® will tech-in (set up stage, lights, sound and other equipment) on Thursday, / /20 from 5:30pm
until approximately midnight, and tech out immediately following the last performance, making every effort
to leave the Church/facility as found. The cast and crew will be respectful of all properties, and hope to leave
no trace of ourselves, except in the hearts of your faith community.
3. The cast and crew will attend the receptions following the performances and continue their ministry with those
in attendance, and will lift up your faith community in prayer before, during and after our presentation.
4. The Tetélestai® house crew will be responsible for seating and ushering before and during the performances,
unless you have a group or organization that would like to do this. Seating is normally on first come, first serve
basis. Reserving seats for individuals or groups is at the discretion of the Church/facility, and the Church/facility
assumes the responsibility of cordoning off areas for that purpose.
5. Each Church/facility will be provided with a publicity packet of flyers, posters and sample letters to area media
and Churches.
6. CPAM carries a Liability Insurance Policy holding the hosting Church/facility free and clear of any lawsuit which
might be brought about as a result of an injury/accident incurred by any person(s) as a result of our equipment,
cables, staging, etc. in the Church/facility proper. The outside area of the Church/facility, i.e., sidewalks, steps,
parking lot, reception hall, etc., is the responsibility of the hosting Church/facility.
7. If CPAM is unable to present Tetélestai® due to circumstances beyond its control (acts of God, accidents, loss
of performance rights, etc.), this contract shall be considered null and void.

Name of Church/Hosting Facility

Address

Phone (with area code)

Email/Website Address

Pastor's Name

Contact Person's Name/Phone/Email Address

I have read and understand the CPAM and Host Church/Facility Statement of Commitment, and agree to the terms
contained therein.

Date: _____

Pastor/Church Rep. _____

Date: _____

Tetélestai® Rep. _____

Maureen FitzGerald, Executive Director

Date: _____

CPAM Rep. _____