

District Code: New

PATTONVILLE SCHOOL DISTRICT COMMUNITY AUDITORIUM
2497 CREVE COEUR MILL ROAD
MARYLAND HEIGHTS, MO 63043

APPLICATION FORM AND CONTRACT FOR USE OF AUDITORIUM

Name of Applicant: _____ Date of Application: _____
(Applicant must be at least 21 years of age)

NON-SCHOOL GROUPS - COMPLETE THIS SECTION

Verification of District Residency: _____
(Driver's License, Tax Receipt, Utility Bill, Etc.)

Address: _____
Street City State Zip

Home Phone: _____ Business Phone: _____

PATTONVILLE SCHOOL PROGRAM SUPERVISOR (Pattonville Groups) - COMPLETE THIS SECTION

School or Building _____

Position or Level _____

Day telephone number and extension _____

Home telephone number _____

Name of Group or Organization: _____

- (If Applicable) Check One: (A) Pattonville School Event (B) Resident Non-Profit (C) Non-Resident Non-Profit (D) Resident for Profit (E) Non-Resident for Profit

Title and description of activity to be held in the auditorium: _____

Anticipated attendance _____ Admission Fee Charged _____
Specify dates and times needed (Include rehearsal or preparation requirements).

Table with 6 columns: Month, Day, Year, Time (From To), Rehearsal, Performance. Includes multiple rows for data entry.

District Code: New

Final approval (non-resident groups) is contingent on receipt of proof of \$1,000,000 minimum liability insurance.

Contract Authorization

Signature(s) of Applicant(s) _____

Final approval (Assistant Principal Activities): _____

Priority Date: _____

Place a check beside your facility and equipment needs:

SOUND (All groups need an adult responsible to check in end out all lavalier and hand-held microphones.)

- | | |
|---|--|
| <input type="checkbox"/> Mic & Podium | <input type="checkbox"/> Mic & Stand (number of mics needed ___) |
| <input type="checkbox"/> Lavalier Mics | <input type="checkbox"/> Floor Mics |
| <input type="checkbox"/> Cassette Tape Deck | <input type="checkbox"/> CD Disk Player |

LIGHTS

- | | |
|--|--|
| <input type="checkbox"/> General stage lights | <input type="checkbox"/> Reading light on podium |
| <input type="checkbox"/> Spot lights (additional charge to outside groups for auditorium personnel to operate spots) | |

FACILITY

- | | |
|--|---|
| <input type="checkbox"/> Green room | <input type="checkbox"/> Dressing rooms |
| <input type="checkbox"/> Ticket booth | <input type="checkbox"/> Lower level room 92 (for refreshments) |
| <input type="checkbox"/> Orchestra pit | |

FURNITURE

- | | |
|---|---|
| <input type="checkbox"/> Tables on stage - number ___ | <input type="checkbox"/> Tables in lobby - number ___ |
| <input type="checkbox"/> Chairs on stage - number ___ | <input type="checkbox"/> Grand piano on stage |

AV EQUIPMENT

- | | |
|---|---|
| <input type="checkbox"/> Slide projector & large screen | <input type="checkbox"/> Rear projector VCR |
| <input type="checkbox"/> Movie projector from control room & large screen | |
| <input type="checkbox"/> Other: | |

District Code: New

Is admission to be charged? { } Yes { } No

If yes, what rates will be charged?

Children _____ Adults _____ Seniors _____

I have read and/or had explained to me the rules and regulations presented with this application form and understand and agree to said rules and regulations. My signature also certifies that I am at least 21 years of age.

Signature(s) _____

Person(s) signing the application assumes full responsibility for the conduct of those they admit and for any damage caused by them or others during the period of their use of facility. Every applicant, whether a school-related group or community related organization wishing to use the auditorium, is required to complete the above application for approval by the Assistant Principal for Activities. (The only exception would be calendared high school event, concerts, plays and musicals.)

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Date received _____ Signature _____

Review Verification:

(Assist. Princ. Activities) Date (Auditorium Manager) Date

Director of Facilities _____ Date _____

Final Approval

Rental Fee: _____ Personnel Fees: _____ Equipment Fees: _____ **Total** _____

10% deposit fee required (check or money order only). Make check payable to the Pattonville School District. Balance of fees due on date of final usage (Deviations from the payment structure can only be made by the Superintendent of Schools.)

Date of Fee Deposit: _____ Amount of Fee Deposit: _____ Proof of Insurance: _____

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Below is a drawing of our stage area. Please use this for planning and provide us with a diagram of your desired set-up.

26'6"

