

# Performing Arts Center

NAME OF ORGANIZATION \_\_\_\_\_

EVENT: \_\_\_\_\_

Estimated # of Participants: \_\_\_\_\_ Estimated Audience Size: \_\_\_\_\_

Snow Removal hourly rate per vehicle: \$18.00

Custodial Hourly Rate Per Person: \$18.00

Name /Phone # of responsible adult who will be present at all times:  
\_\_\_\_\_

DAY OF THE WEEK						
M	T	W	Th	F	S	S
Please circle day(s)						
DATES REQUESTED:						
From ____ / ____ / ____						
TO ____ / ____ / ____						
HOURS OF USE:						
From _____ a.m./p.m.						
TO _____ a.m./p.m.						

Technical Assistance Hourly Rate Per Person: \$15.00

Audio Needs: \_\_\_\_\_

Lighting Needs: \_\_\_\_\_

Video Needs: \_\_\_\_\_

Pit Floor: \_\_\_\_\_

Other : \_\_\_\_\_

Is an admission fee charged? Yes\_\_\_ No\_\_\_ (If yes, specify the educational, civic or charitable function it will support) \_\_\_\_\_

I, the undersigned, as the authorized representative of the organization making this request understand all of the District's policies, regulations and requirements governing Use of School Facilities and agree that we will abide by them (see attached). This organization agrees to hold harmless the Wayne Central School District against any claims for both property damage and bodily injury arising from this event.

Person in Charge \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Date form submitted \_\_\_\_\_

FOR SCHOOL USE ONLY

Has Certificate of Insurance naming Wayne Central School District as additional insured been received /approved? YES\_\_\_ NO\_\_\_

APPROVED: \_\_\_\_\_, Building Principal DATE: \_\_\_\_\_

Distribution: Applicant Building Custodian Director of Facilities Cafeteria Supervisor Technology Dept.  
Principal Music Dept. Audio Technicians Other: \_\_\_\_\_