

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT
APPLICATION FOR AUTHORIZED USE OF PERFORMING ARTS CENTER

- ▶ REQUEST MUST BE SUBMITTED 30 DAYS PRIOR TO THE EVENT. ▶ SCHOOL DISTRICT PROGRAMS TAKE PRECEDENCE OVER OTHER REQUESTS.
▶ SUBMISSION OF THIS REQUEST DOES NOT CONSTITUTE A RESERVATION – YOU MUST RECEIVE APPROVED FORM BACK FOR FACILITY USE TO BE HONORED.
▶ SETUP/EQUIPMENT/NEEDS REQUEST MUST BE SUBMITTED WITH FORM AT TIME OF REQUEST.

PUTNAM VALLEY PERFORMING ARTS CENTER
146 PEEKSKILL HOLLOW RD.
PHONE: 845-526-7847x1369 FAX: 845-528-4456
SUBMIT FORM TO PAC MANAGER

ORGANIZATION _____ CONTACT PERSON _____
ADDRESS: _____ CITY _____ STATE: _____ ZIP CODE: _____
ORGANIZATION PHONE: _____ HOME PHONE: _____ CELL PHONE: _____
E-MAIL ADDRESS: _____ EVENT SITE SUPERVISOR (IF DIFFERENT): _____

Table with 7 columns: BRIEF DESCRIPTION OF EVENT, DATE(S) REQUESTED, START TIME, END TIME, REHEARSAL OR PERFORMANCE, # CHAP, # IN AUDIENCE, NEEDS (ALL LETTERS THAT APPLY FROM CHART BELOW)

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

WILL YOUR ORGANIZATION CHARGE A FEE OR ADMISSION? Yes No IF YES, AMOUNT FOR ADULTS \$ _____ CHILDREN/STUDENTS \$ _____
PURPOSE FOR WHICH PROCEEDS WILL BE USED: _____
TYPE OF ORGANIZATION: [] 501 (c) (3) [] FOR PROFIT

BY SIGNING THIS FORM YOU AGREE TO ABIDE BY ALL PVCSD RULES AND REGULATIONS, COVER ANY FEES THAT MAY PERTAIN, AND ATTACH WITH THIS REQUEST A COPY OF YOUR ORGANIZATION'S INSURANCE CERTIFICATE.

SIGNATURE: _____ DATE OF REQUEST: _____

PAC TECHNICAL NEEDS:

- A. MICROPHONES # _____
B. PROJECTION SCREEN
C. LIGHT PACKAGE (STAGE)
D. CURTAIN REQUEST
E. COMPUTER PRESENTATION
F. PIANO
G. EQUIPMENT OPERATOR(S)
H. PROJECTOR
I. VCR/DVD
J. CLEAR COM SYSTEM # _____
K. STUDENT LABOR # STUDENTS _____ FOR _____
L. OTHER (PLEASE SPECIFY): _____

PAC CUSTODIAL NEEDS

- M. PODIUM
N. RISERS
O. VIDEO PROJECTOR
P. STAGE CLEARED
Q. DEDICATED CUSTODIAN
R. TABLES: _____ CHAIRS _____ GARBAGE CANS _____

DO NOT WRITE BELOW THIS LINE

501 (c)(3): Y N PV GROUP: Y N OTHER

II. FACILITY USAGE FEE APPLICABLE? Yes No
OTHER FEES APPLICABLE? Yes No
INSURANCE CERTIFICATE (MUST BE ATTACHED TO THIS FORM)
NAME OF INSURANCE COMPANY
AMOUNT OF LIABILITY \$ EXPIRATION DATE
APPROVED DISAPPROVED
REASON IF NOT APPROVED

Table with 2 columns: Item Name, Amount (\$). Includes Facility Usage, Custodian, Other, and TOTAL.

(ATTACH SEPARATE SHEET IF NECESSARY)

PAC MANAGER SIGNATURE _____ DATE _____