

ELIZABETHTOWN INDEPENDENT SCHOOLS

Superintendent

Dr. Jayne R. Morgenthal

Board of Education

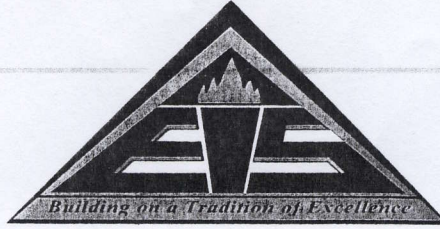
Mrs. Dianne Cooper

Dr. William Clagett

Mr. Paul Godfrey

Mr. Tony Kuklinski

Mr. Guy Wallace



219 Helm Street
Elizabethtown, KY 42701

Tel: (270) 765-6146

Fax: (270) 765-2158

www.etown.k12.ky.us

APPLICATION FOR USAGE OF ELIZABETHTOWN PERFORMING ARTS CENTER

NAME OF ORGANIZATION/INDIVIDUAL Saint James School
MAILING ADDRESS 200 N. Miles, E-town, KY 42701 TELEPHONE 270-765-5587
TITLE OF MEETING OR PERFORMANCE Spring Musical (1st + 2nd grade)
PERFORMANCE DATE(S) 4/30-5/1 STARTING TIME 8:30-11:00am CLOSING TIME 6:30-8:00pm
EXPECTED ATTENDANCE 200 ADMISSION/COLLECTION? Yes ☐ No ☒ INTERMISSION? Yes ☐ No ☒
SET UP TIME (access to facility) 8:30am REHEARSAL DATE(S) AND TIME(S) 4/30 8:30-11:30am

PLEASE CIRCLE THE EQUIPMENT YOU WILL REQUIRE FOR YOUR EVENT:

☒ basic lighting

☒ theatrical lighting system, run from booth

☐ spotlight

☒ basic sound (stage mic)

☒ theatrical sound system, run from booth

☐ grand piano

DO YOU AGREE TO ABIDE BY THE RULES, REGULATIONS AND POLICIES OF THE ELIZABETHTOWN SCHOOL BOARD, INCLUDING, BUT NOT LIMITED TO, THOSE POLICIES REQUIRING LIABILITY INSURANCE IN A MINIMUM OF \$1,000,000.00, AND OBTAINING LICENSES, PERMITS AND ASSOCIATED FEES NECESSARY TO CONDUCT OPERATIONS SPECIFIED BY THE CONTRACT?

☒ Yes

☐ No

Signature

Shelley Godfrey

Date

Apr. 18, 2011

***** APPLICATION DOES NOT GUARANTEE RESERVATION *****

TO BE COMPLETED BY FACILITY COORDINATOR:

DATE RECEIVED _____ APPLICATION APPROVED Yes ☐ No ☐

CONFIRMED PERFORMANCE DATE(S) AND TIME(S) _____

IF REJECTED, EXPLANATION _____

DEPOSIT RECEIVED: DATE _____ AMOUNT _____

FULL PAYMENT TO BE RECEIVED ON _____ AMOUNT _____

FACILITY COORDINATOR SIGNATURE Katie M. Bennett

Application and Agreement for Use of District Property

NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

Name of Sponsoring Organization/Activity <u>St. James School</u>		Telephone ²¹⁰ <u>765-5587</u>
Representative's Name <u>Shellee Godfrey / Pat Berry</u>		
Address <u>200 N. Miles, Elizabethtown, KY 42701</u>		
The above organization/individual requests the use of:		
<input checked="" type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium ^{Spot for lunch}	<input type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium
<input type="checkbox"/> classroom(s)	<input type="checkbox"/> other, specify _____	
Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, specify equipment <u>piano, microphones, lighting, sound system</u>		Operator's Name <u>Pat Berry</u>
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
If yes, give a complete description of what is being sold and how the proceeds will be used. _____		
Building/school/facility <u>EPAC</u>		
Purpose <u>Spring Musical (1st + 2nd grade)</u>		<u>4/30</u>
Date(s) requested <u>4/30-5/1</u>	<u>2011</u>	Time(s) Requested <u>8:30 - 11:30 am</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>5/1 8:30-11:30 am</u>
Will advertisement(s) be used?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>6:30-8:00 am</u>
Will admission be charged?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

When using school facilities, this organization agrees to observe the following:

1. **To schedule with the Superintendent/designee the time(s) District property is to be used.** It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. **To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization.** To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. **To provide appropriate equipment for the use of District property.** When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. **To abide by the requirements of Board policies 05.3 and 05.31 (see attached).** Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.

ELIZABETHTOWN INDEPENDENT SCHOOLS

Superintendent

Dr. James R. McManus

Board of Education

Mr. James Cooper

Dr. William C. Cline

Mr. Paul Gentry

Mr. Ray Kishner

Mr. Ray Vickers

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APPLICATION FOR USAGE OF ELIZABETHTOWN PERFORMING ARTS CENTER

NAME OF ORGANIZATION/INDIVIDUAL U.S. Postal Service

MAILING ADDRESS 4500 Andover Ave. TELEPHONE 502-454-1885

TITLE OF MEETING OR PERFORMANCE International

PERFORMANCE DATE(S) Nov 29th STARTING TIME 7:00pm CLOSING TIME 9:00pm

EXPECTED ATTENDANCE _____ ADMISSION/COLLECTION? Yes ☒ NO ☐ INTERMISSION? Yes ☒ ☐ NO

SET UP TIME (Access to facility) 5:00pm REHEARSAL DATE(S) AND TIME(S) _____

PLEASE CIRCLE THE EQUIPMENT YOU WILL REQUIRE FOR YOUR EVENT:

☒ basic lighting ☐ technical lighting system, run from booth ☐ spotlights
☒ basic sound (stage mics) ☐ technical sound system, run from booth ☐ grand piano

DO YOU AGREE TO ABIDE BY THE RULES, REGULATIONS AND POLICIES OF THE ELIZABETHTOWN SCHOOL BOARD, INCLUDING, BUT NOT LIMITED TO, THOSE POLICIES REQUIRING LIABILITY INSURANCE IN A MINIMUM OF \$1,000,000.00, AND OBTAINING LICENSES, PERMITS AND ASSOCIATED FEES NECESSARY TO CONDUCT OPERATIONS SPECIFIED BY THE CONTRACT?

☒ Yes ☐ No

James R. McManus 11/7/11
Signature Date

THIS APPLICATION DOES NOT GUARANTEE RESERVATION

TO BE COMPLETED BY FACILITY COORDINATOR:

DATE RECEIVED _____ APPLICATION APPROVED Yes ☒ No ☐

CONFIRMED PERFORMANCE DATE(S) AND TIME(S) _____

IF REJECTED, EXPLANATION _____

DEPOSIT RECEIVED: DATE _____ AMOUNT _____

FULL PAYMENT TO BE RECEIVED ON _____ AMOUNT _____

FACILITY COORDINATOR SIGNATURE _____

CONTRACT FOR USE OF ELIZABETHTOWN PERFORMING ARTS CENTER

This contract is made and entered into this 11 day of November
by and between U.S. Postal Service hereinafter referred to
as the "Sponsoring Organization," and the Facility Coordinator for the Elizabethtown
Performing Arts Center

That for and in consideration of mutual promises and covenants contained herein, the parties
hereto agree that the Elizabethtown Performing Arts Center will be furnished for use to the
Sponsoring Organization for the following purposes and no other:

The performance date or dates shall be as follows:

November 29th, 2011

The performance will open on the following date and time: Nov 29, 2011 7pm

and will close on the following date and time: Nov 29, 2011 9pm

The rehearsal dates shall be as follows: NA

The rehearsal(s) shall open at the following time: N/A

and will close at the following time: N/A

The Sponsoring Organization shall pay to the Elizabethtown Board of Education the
following fees for use of the Elizabethtown Performing Arts Center:

Rental Fee: _____
Rehearsal Fee: _____
Equipment Fees: _____
Technician Fees: _____
Post-event custodial cleanup: _____
Additional custodial Fees: _____

TOTAL COST: _____

Unless other satisfactory arrangements are made with the Facility Coordinator, payment in full
is due within twenty-four hours before the first performance.

Other payment arrangements made (if applicable): _____