

ELIZABETHTOWN INDEPENDENT SCHOOLS

Superintendent

Mr. Gary French

Board of Education

Mrs. Dianne Cooper

Mr. Paul Godfrey

Mrs. Teresa Harris

Mr. Tony Kuklinski

Mr. Guy Wallace



219 Helm Street
Elizabethtown, KY 42701

Tel: (270) 765-6146

Fax: (270) 765-2158

www.etown.kyschools.us

APPLICATION FOR USAGE OF ELIZABETHTOWN PERFORMING ARTS CENTER

NAME OF ORGANIZATION/INDIVIDUAL Kentucky Music Educators Association (KMEA)

MAILING ADDRESS c/o Andrea Atcher, Festival Manager TELEPHONE H 270-737-6946
601 Spruce Ln, E town 42701 C 270-763-2361

TITLE OF MEETING OR PERFORMANCE Solo & Ensemble Assessment Event

PERFORMANCE DATE(S) Wed, Apr 18²⁰¹² STARTING TIME 11 a.m. CLOSING TIME 5 p.m.

EXPECTED ATTENDANCE 60 ADMISSION/COLLECTION? Yes ☐ No ☒ INTERMISSION? Yes ☐ No ☒

SET UP TIME (access to facility) _____ REHEARSAL DATE(S) AND TIME(S) _____

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

Andrea K. Atcher
Signature

2/7/2012
Date

***** 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 _____

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APPLICATION FOR USAGE OF ELIZABETHTOWN PERFORMING ARTS CENTER

NAME OF ORGANIZATION/INDIVIDUAL KMEA (Heartland Performance Assessment - Vocal)
MAILING ADDRESS c/o Andrea Atcher, Festival Manager 270-763-2361 C
601 Spruce Lane Elizabethtown, KY 42701 TELEPHONE 270-737-6946 H
TITLE OF MEETING OR PERFORMANCE Heartland Performance Assessment
PERFORMANCE DATE(S) Th. Apr. 19 STARTING TIME 8 a.m. CLOSING TIME 5 p.m. (±, Depending on # of Entrants)
EXPECTED ATTENDANCE 500 Rotating ADMISSION/COLLECTION? Yes ☐ No ☒ INTERMISSION? Yes ☐ No ☒
SET UP TIME (access to facility) 4-17³⁻⁵ REHEARSAL DATE(S) AND TIME(S) _____

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

Andrea K. Atcher
Festival Manager

Date

1/10/12

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

TO BE COMPLETED BY FACILITY COORDINATOR:

DATE RECEIVED 1-10-12 APPLICATION APPROVED Yes ☐ No ☐

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

IF REJECTED, EXPLANATION _____

DEPOSIT RECEIVED: DATE 1-10- AMOUNT _____

FULL PAYMENT TO BE RECEIVED ON _____ AMOUNT _____

FACILITY COORDINATOR SIGNATURE Katie M. Bennett