

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



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www.etown.kyschools.us

APPLICATION FOR USAGE OF ELIZABETHTOWN PERFORMING ARTS CENTER

NAME OF ORGANIZATION/INDIVIDUAL St. James
MAILING ADDRESS 401 Robinbrooke Blvd TELEPHONE (270) 765-7011
E-town
TITLE OF MEETING OR PERFORMANCE D DARE MUSICAL
PERFORMANCE DATE(S) 1/30/13 STARTING TIME 8:30 CLOSING TIME 2:00
EXPECTED ATTENDANCE 150 ADMISSION/COLLECTION? Yes ☐ No ☒ INTERMISSION? Yes ☐ No ☒
SET UP TIME (access to facility) 8:00 AM REHEARSAL DATE(S) AND TIME(S) 1/30/13

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 Brenda Martin

Date 12-11-12

***** 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 Kate M. Buratto