| Date of Application: | Rev.2023 |
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APPLICATION FOR USE OF DOWAGIAC SCHOOLS PERFORMING ARTS CENTER

243 S. Front Street · Dowagiac MI 49047 · 269-782-4400 phone · 269-782-4418 fax

| Starting & Ending Date(s) Required: | | | | | | | | | | |
|---|-----------------------|-----------|----------------|----------------|------------------------------|-------------|-----------------------|--------------|--|--|
| Adult in Charge: | | | | Email: | | | | | | |
| Address: | | | | Phone: | | | | | | |
| Organization: | | | | Group: A B C D | | | | | | |
| Purpose: | | | | | | | | | | |
| Additional Room(s) Needed: Classrooms Cafeteria Use of Kitchen Facilities (add'l charges may apply) | | | | | | | | | | |
| Explain: | | | | | | | | | | |
| Time Building will be Open: | | | | | ime Building will be Closed: | | | | | |
| Activity Begins: | | | | Activity En | ctivity Ends: | | | | | |
| Has PAC Supervisor been contacted? | | | | | | | | | | |
| Has Stage/Sound/Lighting Requirements form been submitted to applicant? | | | | | | | | | | |
| Has Proof of Liability & Property Damage Insurance been received? No Yes—Date: | | | | | | | | | | |
| EQUIPMENT NEEDED | | | | | | | | | | |
| Screen | | | PA System | Stage Ligh | | | Stage Light | ing | | |
| Podium | | | Other:(plea | ase specify) | | | | | | |
| | | | | | | | | | | |
| DAC Danasit Fac | | | | | Cost | (amounts s | hown are <i>estin</i> | nation only) | | |
| PAC Deposit Fee | \$100 deposit fee | e due wi | ith applicatio | Perfor | mance | • | | \$ | | |
| | \$100 | for Grou | ıp B | Custo | dian Ch | narges | | \$ | | |
| Performance Fee | \$200 | for Grou | p C | | | sor Char | ges | \$ | | |
| | | for Grou | • | | rsal Fe | \$ | | | | |
| | If applicable, charge | | | | | | | \$ | | |
| Custodian Charges timecard @ \$/hr + benefits, incl. post- event clean-up (x1½ for Sat & x2 Sun) | | | Other: | | \$ | | | | | |
| hours total | | | | Snow r | emoval | \$ | | | | |
| PAC Supervisor Rate If applicable, charges taken from | | | | | | \$ | | | | |
| (\$60/hour) timecard @ \$60/hr = hours total | | | nours total | \$100 L | Deposit | \$ | | | | |
| Rehearsal Fees days x \$25/day = total | | | total | | | | BALANCE: | \$ | | |
| | | | | Ш | | | | T + | | |
| | I have read t | the terms | s herein and u | vill fully com | oly with | i such term | ıs. | | | |
| | | | | | | | | | | |
| Authorized Official of Organization: Date: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Approved Not Approved Date: | | | | | | | | _ | | |
| Supervisor, Performing Arts Center | | | | | | | | | | |
| | | | | | | | | | | |
| Approved Not Approved | | | | | ••• | Date | | _ | | |
| Supervisor, Maintenance/Facilities | | | | | | | | | | |
| ☐ Approved ☐ Not Approved | | | | | Date | | | | | |
| Central Office | | | Authorizatior | 1 | | | _ | | | |
| Additional Comments: | | | | | | | | | | |
| | | | | | | | | | | |
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