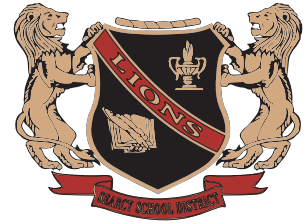


# HIGH SCHOOL PERFORMING ARTS CENTER

301 N Ella Street, Searcy, AR. 72143 Phone (501)268-8315 ext 296  
email: rcastleman@searcyschools.org



## Performing Arts Center Usage Request Form

Name of Organization: \_\_\_\_\_

School Affiliated with: \_\_\_\_\_

Name of Representative(s): \_\_\_\_\_

Contact Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Date(s) and Time(s) of event: \_\_\_\_\_

Date(s) and Time(s) of rehearsal: \_\_\_\_\_

Type of Event: ☐ Concert ☐ Production ☐ Presentation ☐ Region Rehearsal  
☐ Other: \_\_\_\_\_

Description/Purpose of the Program:

\_\_\_\_\_

Technical Information: (Please check the items that you will need for your event)

- ☐ Dressing Rooms ☐ Grand Piano ☐ Acoustical Shell ☐ Backdrop  
☐ Audio (1 mic, 2 monitors, sound tech) ☐ Extra Microphones \_\_\_\_\_ (# of extra mics) ☐ Orchestra Pit  
☐ Stage Lighting ☐ Choral Riser ☐ Table/chairs(#\_\_\_\_\_/\_\_\_\_\_)  
☐ Podium ☐ Follow Spot ☐ Resource Officer ☐ Video Projection (DVD, Powerpoint, etc.)  
☐ Overhead Choir Mics ☐ Additional Information/Requests:

If completing this digitally, please print this form out and sign the appropriate blank fields below, thank you.

I,           Your Signature          , understand that this is just an application for the use of the Performing Arts Center and the final confirmation of this application is reserved to the PAC Auditorium Manager AND the Searcy High School Principal and will not be confirmed until this facilities usage agreement is signed and completed.

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

Your Principal's Signature \_\_\_\_\_ Date: \_\_\_\_\_

PAC Manager: \_\_\_\_\_ Date: \_\_\_\_\_

SHS Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

On Google Calendar ☐

On Office Calendar ☐

In Office Binder ☐

PAC Form 3015 Updated Jan 2022