

RESERVATION FORM

Harbor Springs Public Schools – Performing Arts Center

Return to PAC Manager, 500 Spring Street, Harbor Springs, Michigan 49740

For more information, contact Mari Schumaker, 231-526-4842 or mschumaker@harborps.org

Date of Application

Organization Name

Contact Person for this project
(name /title)

E-mail Address

Billing Address

Telephone Numbers

IRS 501(c)3 Tax Exempt Number

Proof of liability insurance and signed hold harmless agreement is attached.

"I endorse this rental application and agree that my organization/agency will follow the production plan as outlined in this proposal. I also agree to comply with the health, safety and use policies as delineated herein and will assist in enforcing these rules and guidelines with members of my organization."

Signature of the organization/agency CEO or Director: _____

Name and Title of the above signed person:

Signature of the program/project Leader: _____

Name and Title of the above signed person:

Date Requested	Performance or Rehearsal (check one)		Start to End Time Requested
1.) <input type="text"/>	<input type="checkbox"/> Performance	<input type="checkbox"/> Rehearsal	1.) <input type="text"/>
2.) <input type="text"/>	<input type="checkbox"/> Performance	<input type="checkbox"/> Rehearsal	2.) <input type="text"/>
3.) <input type="text"/>	<input type="checkbox"/> Performance	<input type="checkbox"/> Rehearsal	3.) <input type="text"/>
4.) <input type="text"/>	<input type="checkbox"/> Performance	<input type="checkbox"/> Rehearsal	4.) <input type="text"/>
5.) <input type="text"/>	<input type="checkbox"/> Performance	<input type="checkbox"/> Rehearsal	5.) <input type="text"/>
6.) <input type="text"/>	<input type="checkbox"/> Performance	<input type="checkbox"/> Rehearsal	6.) <input type="text"/>

Please write a brief description of the program that you wish to present in the Performing Arts Center.

This Organization requests the use of the following:

STAGE

- In Front of the main curtain
- Front half of the stage
- Full stage

SOUND SYSTEM

- Corded microphones
- Wireless microphones
- Hanging microphones
- Boundary microphones
- CD Player
- Cassette Player
- Stage monitors

Number Needed

Number Needed

Number Needed

*** There is a \$35.00 non-refundable rental fee for each "countryman" or "lavaliere" style wireless microphone that is requested for use.

PROJECTION SYSTEM WITH SCREEN, VIDEO/DVD, AND POWERPOINT CAPABILITIES

ORCHESTRA PIT

Describe the set-up below:

SPEAKER'S LECTERN

YAMAHA CONCERT GRAND PIANO ***Additional fee for piano tuning

MUSIC STANDS

Number Needed

Location

MUSIC CHAIRS

Number Needed

Location

CONDUCTOR'S PODIUM

THEATRICAL LIGHTING

- Only the stage area in front of the curtain
- Entire stage area
- Follow spots
- Single set-up (on/off only)
- Multiple changes

BACK STAGE AREAS

- Band Room (additional fees apply)
- Practice Rooms (additional fees apply)
- Scene Shop/Loading Dock

Purpose:

- Green Room

Purpose:

- Box Office/Ticket Tables Number Needed

Please attach on a separate piece of paper any additional lighting, sound, or other technical requirements. Also include a diagram of your stage requirements if applicable: curtain settings, wing space, etc.

HOLD HARMLESS AGREEMENT

Reference Information:

1. The date of the agreement is:

2. The agreement is between Harbor Springs Public Schools (owner) and Renter:

3. The renter will be renting the HSPS Performing Arts Center on the following dates:

Agreement:

1. In consideration of the use of the Harbor Springs Performing Arts Center (PAC) and its facilities, the renter agrees to hold Harbor Springs Public Schools (HSPS) free and harmless, and to indemnify HSPS from any claim, cost, expense, cost of investigation, actual attorney fees, litigation, causes of action, judgements, and any other claims or types of claims arising out of any incident, injury, loss (any type) occurring at the HSPS and its facility during the use and rental by renter of the PAC and its facilities, except any injury or loss which is clearly caused by negligence or non-action of HSPS.

Signature: _____

Authority:

Date:

ESTIMATE OF COSTS

TO BE FILLED OUT BY PERFORMING ARTS CENTER MANAGER

Priority Classification:

Class I
 Class II
 Class III
 Class IV

Costs:

				First Performance Fee:	\$ <input style="width: 100%;" type="text"/>
Subsequent Performances:	<input type="text"/>	X	\$ <input style="width: 50%;" type="text"/>	Additional Fees:	\$ <input style="width: 100%;" type="text"/>
Number of Evening Rehearsals:	<input type="text"/>	X	\$ <input style="width: 50%;" type="text"/>	Total Rehearsal Fees:	\$ <input style="width: 100%;" type="text"/>
Number of All-Day Rehearsals:	<input type="text"/>	X	\$ <input style="width: 50%;" type="text"/>	Total Rehearsal Fees:	\$ <input style="width: 100%;" type="text"/>
Number of Custodial Hours:	<input type="text"/>	X	\$30.00/hour	Total Custodial Hours:	\$ <input style="width: 100%;" type="text"/>
Number of OT Custodial Hours:	<input type="text"/>	X	\$54.00/hour	Total OT Custodial Hours:	\$ <input style="width: 100%;" type="text"/>
Number of Technician Hours:	<input type="text"/>	X	\$17.00/hour	Total Technician Hours:	\$ <input style="width: 100%;" type="text"/>
Number of Technician Hours:	<input type="text"/>	X	\$25.00/hour	Total Technician Hours:	\$ <input style="width: 100%;" type="text"/>
Number of Student Tech. Hours:	<input type="text"/>	X	\$10.00/hour	Total Student Tech. Hours:	\$ <input style="width: 100%;" type="text"/>
Usher Captain: Number of Shows:	<input type="text"/>	X	\$30.00	Total usher Captain Fees:	\$ <input style="width: 100%;" type="text"/>
TOTAL COST ESTIMATE:					\$ <input style="width: 100%; background-color: #cccccc;" type="text"/>

1.) USHERS: You are required to use our usher captain for each performance for safety and security reasons. We can provide ushers for the shows (4 for each show is necessary), but this must be arranged ahead of time. If it is possible they will also help take tickets and hand out programs. We would appreciate one complimentary ticket for each usher we schedule.

2.) TECHNICIANS/CUSTODIANS: These are reasonable estimates of time. They will be charged out at the above rates, but a final bill after the completion of the event will be processed.

DEPOSIT REQUIRED: \$

Rental estimate and production plan approved Approved by:

Not approved Reason:

<input type="checkbox"/> Facility Manager	Sent:	<input style="width: 100%;" type="text"/>	Response Date:	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> After hours lights/air handler scheduled
<input type="checkbox"/> Superintendent's Office	Sent:	<input style="width: 100%;" type="text"/>	Response Date:	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Principals	Sent:	<input style="width: 100%;" type="text"/>	Response Date:	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Custodians Notified/Scheduled
<input type="checkbox"/> Usher Captain	Sent:	<input style="width: 100%;" type="text"/>	Response Date:	<input style="width: 100%;" type="text"/>	Usher: <input style="width: 150px;" type="text"/>