HOPEWELL VALLEY REGIONAL SCHOOL DISTRICT
APPLICATION FOR USE – THE PERFORMING ARTS CENTER AT HOPEWELL VALLEY

Organization Name: _____

Event Title: _____

Organization Representative: _____ Phone Number: _____

E-mail: _____ Address: _____

Our organization is best described as : ☐ *Hopewell Valley Regional School District Event*

☐ Hopewell Valley Community Non-Profit ☐ Hopewell Valley Commercial Business/ Corporation

☐ Regional Community Non-Profit ☐ Regional Commercial Business/ Corporation

Please estimate attendance: _____ Will concessions be sold or available? Yes ☐ / No ☐

Will an admission fee be charged? Yes ☐ / No ☐ If yes, please list prices _____

Will Online Box Office services be needed? (if yes please complete Box Office Request form) Yes ☐ / No ☐

We will require use of the following:

☐ Auditorium

☐ Stage

☐ Choir Room

☐ Band Room

☐ Dressing Rooms

Use this box to detail the dates and time, if needed, for **rehearsals** prior to your event.

Date	**Time**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Complete this section with details for your actual publicly attended event:

What are the **dates of** your primary event? _____

_____

What time will the **first person** from your organizations arrive on-site to prepare? _____

What time will the **doors open** to the public? _____

What time will your event **begin**? _____

What approximate time will your event **end**? _____

What time will the **last person** leave the building? _____

Your lobby needs require the following:

Your auditorium and stage needs require the following: (Detail audio visual, sound, lighting, and other technical or special requests.)

Your organization assumes responsibility for the preservation of order in our facility and is liable for any damage or loss of property that may occur, and for the observance of all regulations of the Board of Education governing its use of buildings. Any member of the Board, or its representatives, shall have full access to the entire facility during any period approved on your use application.

_____ Approved: _____ _____

Applicant Signature Manager, PAC Date

_____ _____ _____

Date CHS Administration Date