



**DISTRICT SCHOOL BOARD OF PASCO COUNTY  
CENTER FOR THE ARTS**

MIS Form #114B  
Rev. 8/03

**USE OF FACILITY APPLICATION -- NON-COMMERCIAL USE**

**THEATER COMPLEX:** Please indicate site.                      **River Ridge**                      **Wesley Chapel**                       
**TIME:**                      **(AM) (PM)**                      **To**                      **(AM) (PM)**  
 \_\_\_\_\_  
 Date/Dates                      From                      To                     

Name of Organization \_\_\_\_\_ Contact Person(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Use of facility will be for the following purpose \_\_\_\_\_  
 which the public **(will) (will not)** be invited for a \_\_\_\_\_ charge. No. of participants \_\_\_\_\_

Interviewed by \_\_\_\_\_ Telephone \_\_\_\_\_ In Person \_\_\_\_\_ In Writing \_\_\_\_\_

**Applicant agrees to adhere to all Pasco County School Board policies.**

Signature of Organization Official \_\_\_\_\_ Date \_\_\_\_\_

I. FACILITY CHARGES		No. of Times	Date	Total
A. Daily Rate *	\$ _____	_____		\$ _____
B. Per performance/rehearsal	\$ 150.00	_____		\$ _____
C. Green Room/Band Room	\$ 100.00	_____		\$ _____
<b>*DAILY RATE: 1/2 day - 5 hr. max = \$400.00; Full day - 10 hr. max = \$750.00; Extended Day - over 10 hrs = \$1,100.00</b>				
<b>Sub-total Facility Charges</b>				\$ _____
<b>Florida Sales Tax (7%)</b>				\$ _____
<b>TOTAL: FACILITY CHARGES</b>				\$ _____

(Certificate of exemption \_\_\_\_\_)

II. PERSONNEL CHARGES (cost per hour/4 hour minimum) (any part of an hour is considered an hour)					
	Cost	Est. Hours	Est. Total	Actual Hours	Total
A. Lighting Technician *	\$ 35.00	_____	\$ _____	_____	\$ _____
B. Sound Technician *	\$ 35.00	_____	\$ _____	_____	\$ _____
C. Stage Hands*	\$ 12.00	_____	\$ _____	_____	\$ _____
D. Administrator/Supervisor	\$ 36.00	_____	\$ _____	_____	\$ _____
E. Custodial	\$ 30.00	_____	\$ _____	_____	\$ _____
F. Security**	\$ 20.00	_____	\$ _____	_____	\$ _____
G. Other (Describe)	\$ _____	_____	\$ _____	_____	\$ _____
<b>TOTAL: PERSONNEL CHARGES</b>					\$ _____

\* Technicians **MUST** be Board personnel.

\*\* Theater management determines the necessity of security per event.

III. MISCELLANEOUS CHARGES				No. of Hrs.	Total
	Cost				
A. Media Equipment	\$ 25.00		N/A		\$ _____
B. Grand Piano	\$ 100.00		N/A		\$ _____
C. Upright Piano	\$ 75.00		N/A		\$ _____
D. Piano Tuning	\$ 75.00		N/A		\$ _____
E. Utility usage/PER HOUR	\$ 22.00				\$ _____
F. Custodial Supplies	\$ _____		N/A		\$ _____
<b>*Half day = \$25; Full day - \$50</b>					
<b>TOTAL: MISCELLANEOUS CHARGES</b>					\$ _____

I. TOTAL: Facility Charges	\$ _____
II. TOTAL: Personnel Charges	\$ _____
III. TOTAL: Miscellaneous Charges	\$ _____

**IV. TOTAL CONTRACT CHARGES** \_\_\_\_\_  
**\$300.00 NON-REFUNDABLE DEPOSIT due at initiation of contract**                      **\$ -300.00**

Paid: Check \_\_\_\_\_ Date \_\_\_\_\_ (Deposit) **ESTIMATED BALANCE** \_\_\_\_\_  
**FINAL BALANCE** \_\_\_\_\_  
 Paid: Check \_\_\_\_\_ Date \_\_\_\_\_ **Balance/Refund Due** \_\_\_\_\_

Rehearsal/Sound Check Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Rehearsal/Sound Check Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Performance Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Performance Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Performance Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Building should be open on this date \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Building should be open on this date \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Building should be open on this date \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**CERTIFICATE OF LIABILITY INSURANCE (per school board guidelines) MUST BE PROVIDED.**

Application is approved	<input type="checkbox"/>
Application is denied	<input type="checkbox"/>
Principal/Date	

Application is approved	<input type="checkbox"/>
Application is denied	<input type="checkbox"/>
Superintendent/Date	