## MONTAGUE AREA PUBLIC SCHOOLS 4882 Stanton Blvd. Montague, MI 49437

## Use Application for Montague Area Public Schools Auditorium

Date of Application Name of Organization								
Profit or Non-Profit Organization Federal Non-Profit ID#								
Name	Name of Responsible Individual Mailing Address							
Daytir	me Phone Number _		Even	Evening Phone Number				
		CHEC	K ONE	TIMES				
	Dates Requested	Presentation	Rehearsal	Starting	Ending			
Please write a brief description of the program you wish to present:  Will you charge admission to this event? No Yes (fee is \$)								
PLEASE CHECK OPTION ONE OR TWO:								
OPTION ONE:								
This organization does not need to use any special equipment. We do not need any sound equipment, Including microphones, or theatrical lighting. By checking this option we understand that we can use only the floor of the auditorium seating area, the stage in front of the main curtain, and the regular house lights. (Simple items such as an overhead projector, a speaker's lectern, tables and a projector screen are available if needed.)  OPTION TWO - Please check all that apply:								
	THIS ORGANIZATION NEEDS TO USE THE FOLLOWING:							
	Corded micropho			Chairs (n Conducto Theatrica Risers (a	ands (number) number) or's podium			

<u>STAGE</u>									
In front of main curtain Front half Full Only the stage area in front of main curtain (catwalk lights only) Entire stage area (all stage and catwalk lights) Single set-up (on-off only)									
Multiple changes (configurations for more than one set-up) Back Stage Areas:									
BACK STAGE AR	EAS:								
Band	room (purpose:			)					
Choir	room (purpose :			)					
Storag	ge room (purpose: _			)					
Dressi	ing room (purpose: _			)					
Ushers will need to be provided									
I have read, understand and accept the policies regarding the use of the Montague Area Public Schools Auditorium and equipment. I accept full responsibility as an official representative of:									
(Name of Organization)									
			e or Office)						
Signature: Date: Direct all questions to Dan Gorman- 894-2661 ext. 247 or dgorman@montague.k12.mi.us									
FOR OFFICE USE	ONLY:								
Priority Classification: App			d:	Not Approved					
Reason for Non-Approval:									
FEES ASSESSED:									
Technician: Supervisor: Rental fee: Piano Use Fee:	hours @ \$hours @ \$hours @ \$days @ \$events @ \$	= Total Cost = Total Cost = Total Cost	of \$ t of \$ of \$						
Net Proceeds: _	Yes	No	Amount \$						

TOTAL FEES ASSESSED: